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KEEPING THE CHILD IN MIND: A MIXED METHODS STUDY OF REFLECTIONS
ON PARENTING AMONG FAMILIES IN SHELTER

by Ann M. Matthews

A DISSERTATION

Presented to the Faculty of
The Graduate College at the University of Nebraska
In Partial Fulfillment of Requirements
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(Child, Youth and Family Studies)

Under the Supervision of Professor Julia C. Torquati

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KEEPING THE CHILD IN MIND: A MIXED METHODS STUDY OF REFLECTIONS ON PARENTING AMONG FAMILIES WITH YOUNG CHILDREN IN SHELTER

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University of Nebraska, 2021

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Homelessness among families is a growing problem across the United States (Beard, 2020). Homelessness is associated with stressful and impoverished caregiving environments that contribute to problematic parent-child relationships and increase children's risks for poor health and academic outcomes (e.g., Perlman et al., 2012). Responsive caregiving may protect children from adverse outcomes and foster resilience during periods of homelessness (Labella et al., 2019; Miliotis et al., 1999; Perlman et al., 2012). A parent's capacity to understand their own and their child's behavior as a function of internal mental states supports such responsive caregiving (e.g., Fonagy & Target, 1997; Slade, 2005) and could be key in helping children build resilience.

The purpose of this study was to gain a deeper understanding of how parents reflected on their parenting and children while they lived in a homeless shelter and to explore variation in these reflections. Each of the 16 parents who participated completed an interview about their experiences of shelter, and the Protective Factors Survey (PFS) about their family's strengths across five protective factors.

Parents spent 45% of their interview time discussing their parenting and perceptions of children's experiences of homelessness and broader experiences. This discussion included reflections about parenting and children. There were six themes that

emerged from parents' talk that described the challenges of parenting in shelter and that explained how parents conceptualized their parenting decisions in light of their understandings of children.

Some parents spent up to 39% of their interview time reflecting on their parenting and children whereas others spent 0%. Differences in the frequency and duration of parents' reflections were meaningful and related to responses on the PFS. Importantly, the interview data provided a context for interpreting scores on the PFS. Without this context, parents' responses could be misleading, guiding providers to address issues other than the parent-child relationship. Missed opportunities to intervene on behalf of children's wellbeing could reduce their resilience. Thus, findings from this study underscore the importance of shelter staff asking parents questions about their parenting and children, engaging in conversations about how to build protective factors in families, and creating policies and practices in shelter that support parenting and child development.

Dedication

To the parents who make it all work despite incredible challenge.

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CHAPTER 1:

Introduction

The Scope of the Problem

Homelessness among families with children is a persistent social problem across the United States that is predicted to deepen given the current pandemic and economic downturn (Bassuk et al., 2020; Beard, 2020; Moses, 2020 Shinn & Cohen, 2019). The United States Department of Education (DoEd) reported that between 2017-18, about 1.5 *million* children who were enrolled in public schools were homeless, an *increase* of about 11% compared to the prior academic year. Most of these children (about 74%) were doubled-up with friends or family due to an economic hardship whereas 12% were sheltered. Among the children who were homeless, at least 71,000 were five or younger and nearly 25,000 were under two years old (National Center for Homeless Education [NCHE], 2020). Conversely, the Department of Housing and Urban Development (HUD) reported that 107,000 children experienced homelessness in 2019, representing a 3% *decrease* (of 4,333 children) compared to 2018 and a 27% *decline* since 2007. The difference in estimates of homelessness across federal agencies is important because estimates relate to how social and educational programs are prioritized and funded in federal, state, and local budgets, and to what is known about the breadth of the problem among families with infants and young children (Shaw, 2019).

Differing Definitions of Homelessness

The prevalence of homelessness differs as a function of how federal agencies operationalize it and collect data about individuals and families who are homeless (Shaw, 2019). HUD takes a literal view of homeless, defining it as individuals who live in

emergency shelter or transitional housing (sheltered) or those who inhabit a space not fit for regular residence such as a car or a park (unsheltered). Each January, HUD partners with communities across the US to conduct a count of homeless persons, called the Point-In-Time report (PIT). Local agencies across Continuums of Care (COCs), or service areas, send staff and volunteers to canvas particular geographic regions, counting the people who inhabit shelters and every other year, those who live in unsheltered areas (e.g., the street). Given that homelessness is often a fluid status for persons who live in poverty, the PIT report provides only a snapshot of homelessness in America rather than a comprehensive count of all persons who experience homelessness (HUD, 2020; Shaw, 2019).

Compared to HUD, the DoED uses a more inclusive definition of homeless, counting those who “double-up” or share a residence with friends or family due to economic hardship, live in substandard housing, a motel, hotel, trailer park, or campgrounds, are abandoned at the hospital, or awaiting foster care (Shaw et al., 2020; NCHE, 2020). A key difference in the definition of homeless between HUD and the DoED relates to those who double-up; HUD excludes individuals who are doubled-up with others in the PIT report whereas the DoED includes them. According to the DoED, about two-thirds of all families who are homeless were classified as “doubled-up” by their schools and consequently, the number of homeless children is much higher in the DoED reports (NCHE, 2020).

Though the DoED’s estimate of childhood homelessness is far greater than that reported by HUD, researchers still suggest that it underestimates the true scope of early childhood homelessness because, unless infants and toddlers enroll in public preschool

(Early Head Start and Head Start), they are likely left out of estimates. Further, the reporting systems for the DoED are varied; each geographic region uses differing methods and databases to collect information making systematic data collection and sharing difficult (Shaw, 2019). Together, these barriers preclude a full understanding of early childhood homelessness and hamper efforts to determine what should be done to prevent and end homelessness for this specific subgroup.

Invisibility of Young Children among the Homeless Population

Infants and young children are the most likely group to live in deep poverty in the United States of America, and deep poverty is highly associated with episodes of family homelessness (Gubits et al., 2018; Perlman & Fantuzzo, 2010; Shaw, 2019). Moreover, young children are disproportionately represented in the sheltered population. During the 2016-17 school year, about 45% of all children who were sheltered were under five years old, thus demonstrating the critical need for attending to this young population in research and intervention work (Child Trends, 2019). However, the challenges in defining and estimating the prevalence of homelessness among infants and young children may render them “invisible” in counts of childhood homelessness, undermining efforts to address their needs (Shaw, 2019).

Experts in early childhood warn that the “invisibility” of infants and young children within the estimates of homelessness is consequential, resulting in the underdevelopment of educational and family support systems that serve persons who are homeless as well as the underutilization of services that are already available (Shaw, 2019; Shinn et al., 2013; Shinn et al., 2017). Likewise, parents who are homeless often fail to receive support in their parenting role as service providers prioritize their

immediate needs such as housing and financial assistance over their need to support the psychosocial, physical, and academic health of their children (Bassuk Center, 2017; DeCandia et al., 2017; Herbers & Henderson, 2019). In doing so, providers may overlook the family's emotional and psychological wellbeing, and miss opportunities to address young children's unique developmental needs for early learning experiences and for supportive and stimulating caregiving environments (DeCandia et al., 2017; Ondi et al., 2019).

Indeed, Perlman and Fantuzzo (2010) and others have found that homelessness during early childhood confers even greater risks to children's development than homelessness during later childhood (e.g., Brumley et al., 2015; Fantuzzo et al., 2013; Kull et al., 2019). Missed opportunities to identify and intervene on behalf of families with young children who are homeless could limit their pathways to resilience and compound the stress that they face while they live in precarious conditions and as they navigate early childhood without stable housing (Cuevas & Whitney, 2019; Kull et al., 2019; Perlman et al., 2017; Samuels et al., 2010; Shinn & Cohen, 2019). Thus, it is important to explore more about parenting among families who live in homelessness to better understand how they think about their parenting and children and to help identify key variables in parenting that could bear on children's development. The purpose of this study was to gain a deeper understanding of parentings' reflections about their parenting and about their children while they lived in a homeless shelter, to describe variations in these reflections, and to compare parenting reflections to self-report rating of family-related protective factors.

Summary of Aims and Research Questions

Qualitative Research Aim: To investigate parents' perceptions of their parenting and of their child during a period of sheltered family homelessness.

RQ1: How do parents think and feel, or reflect, on their parenting and on their child while they live in an emergency homeless shelter?

Quantitative Aim: To describe variations in parents' talk about parenting and parenting reflections.

RQ1: What are the differences in the frequency of parents' talk about parenting and talk about reflection?

RQ2: What are the differences in the duration of parents' reflective talk?

Mixed Methods Aim: To compare variations in parents' reflections to survey responses about family-related protective factors.

RQ1: How do variations in parenting reflections relate to family-related protective factors?

Chapter 2

Review of the Literature

Risks and the Context of Sheltered Living

Children who are homeless are not a homogenous group regarding risk; some children have more cumulative risks than others (e.g., Cutuli & Herbers, 2014; Huntington et al., 2008; Labella et al., 2019; Obradovic et al., 2009). Yet, episodes of homelessness during childhood most often co-occur amid ongoing socioeconomic adversity within the child's family and caregiving systems (Cutuli & Herbers, 2014; Masten et al., 1993). Most families who become homeless are headed by young single mothers with low education who care for more than two young children and who have likely experienced a range of traumatic and adverse events such as sexual and physical abuse, childhood homelessness, health problems, and disrupted family attachments throughout life (Bassuk Center, 2017; HUD, 2015; United States Interagency Council on Homelessness, 2015).

Similarly, children who become homeless have often experienced trauma, poor health and hospitalizations, disruptions in their learning, parental substance abuse, and involvement in the legal system through parental incarceration, foster care, or child protection (e.g., Bassuk, 2020; Cutuli et al., 2017; Cutuli & Herbers, 2014; Gultekin et al., 2020; Masten et al., 1993; Perlman & Fantuzzo, 2010; Torquati, 2002). Thus, children and their parents are often at-risk for poor health, psychological, and socioeconomic outcomes even before they become homeless. Such cumulative risks may make families and children even more vulnerable when they experience acute episodes of

homelessness (e.g., Cutuli et al., 2017; Cutuli & Herbers, 2014; Glendening & Shinn, 2018; Masten et al., 1993; Paquette & Bassuk, 2009).

Risks and Resilience

Adversity during early childhood relates to problems with health and wellness across the lifespan and relates to children's capacity for resilience during and after periods of family homelessness (Cutuli et al., 2013; Cutuli et al., 2017; Kull et al., 2019; Luther, 2006; Radcliff et al., 2019). Masten and colleagues (2014) have found that children who experience homelessness or high mobility (HHM) fall higher on a continuum of risk compared to children who are poor-but-housed or non-poor. That is, children who experience HHM share many of the same risks that are experienced by children who are poor (e.g., limited access to high quality education, mobility, poor physical health) and yet, on average, children with experiences of HHM perform worse on social and academic outcomes and demonstrate less robust learning trajectories over time than peers who have never been homeless (Deck, 2017; Masten et al., 2014; Pavlakis et al., 2017; Rog & Buckner, 2007). These lags in academic outcomes and growth have been specifically linked to acute experiences of homelessness such that children's reading and math scores decrease significantly during the years that they *are* homeless compared to the years that they are *not* homeless (e.g., Cutuli et al., 2013; Rafferty et al., 2004).

In addition to poor academic outcomes, children who become homeless are more likely to experience social and emotional problems (e.g., Barnes et al., 2017; Bassuk et al., 2015; Coley et al., 2013; Haskett et al., 2016; Kull et al., 2019). For instance, Bassuk and colleagues (2015) estimated the prevalence of mental health symptoms among

children who are homeless using a qualitative synthesis and meta-analysis. They found that the prevalence of mental health symptoms among preschool age children who were homeless was 10% to 25% and among school age children, it was 24% to 40%. For school age children, this rate was 2 to 4 times that of poor-but-housed comparison groups. These findings fit with others that identify homelessness as a unique risk factor that increases children's vulnerability to a range of adverse outcomes beyond what is conferred by poverty alone (e.g., Brumely et al., 2015; Buckner, 2012; Cutuli et al., 2013; Fantuzzo et al., 2012; Masten et al., 1993; Obradovic et al., 2009). This may be particularly true for children who experience sheltered homelessness as shelters are known as chaotic environments that exacerbate stress for families and negatively influence the parent-child relationship (e.g., Bassuk, 2017, 2020; Bradley et al., 2018; McCoy-Roth et al., 2012; Meadows-Oliver, 2003; Sylvestre et al., 2018).

Risks within the Shelter Environment

Numerous qualitative studies have described the experience of sheltered homelessness among parents with young children as profoundly stressful and disruptive to children's development and to family relationships, routines, and rituals (Bradley et al., 2018; Mayberry et al., 2014; Sylvestre et al., 2018). The Bassuk Center (2017) recently published a report on homelessness among families within New York City, describing shelters as detrimental to children's neurological functioning, physical and psychological health, early learning, and overall development due to a range of problems from shelter policies and practices that undermine family relationships to strained caregiving as parents navigate homelessness while they also provide instrumental and emotional care to their children. Moreover, the stress of shared living, family separations resulting from

homelessness, and shelter rules around children's behavior, parenting practices, and daily living are often difficult for families to adhere as they care for young children with few social supports and material resources (e.g., Barrow & Lawinski, 2009; Cosgrove & Flynn, 2005; Cowal et al., 2002; Shinn et al., 2015; Swick et al., 2014; Swick & Williams, 2006; Torquati, 2012).

Shelter Staff and Rules. Shelters are characterized as crowded spaces where multiple families share small living quarters, and where expectations of children and parents by organizations who provide shelter may be unrealistic given children's developmental status and given that family members may enter shelter with existing and untreated mental health symptoms and trauma (Anthony et al., 2018; Bassuk et al., 2020; Herbers & Henderson, 2019; Hinton & Cassel, 2012). Mayberry and colleagues (2014) conducted a qualitative analysis with 80 parents across four states who had been homeless to understand how varied living contexts including shelter, transitional housing, and doubled-up with friends and family compared in terms of family routines and rituals. They found that the rules and schedules imposed on families within emergency shelter were burdensome to families as they adjusted their routines to accommodate life in shelter. Particularly, they found that rules around food and eating, play and sleeping, mandatory meetings, family separations, and being observed by staff and other parents made family life difficult. For example, one participant reported on the challenge of attending mandatory meetings while she was also expected to care for children and find employment. In comparison, families who experienced alternative independent housing had fewer disruptions to family routines and were able to preserve more autonomy in parenting.

Similarly, Reppond and Bullock (2020) found that shelter rules and practices left mothers feeling stereotyped and infantilized. The authors explained that mothers perceived the shelter rules to undermine their capacity as parents and as adults with life experiences that helped them to navigate difficult situations. Rules around when to eat and sleep, how to care for children, and when to use telephones signified to them that staff thought of them as “bad mothers” in need of reformation to learn how to be “good mothers” (p. 107). Mothers found ways to resist covertly to comply with the shelter’s rules while privately maintaining their sense of agency.

Parenting Challenges. Hausman and Hammen (1993) described sheltered family homelessness as a “double crisis” where stress from the context of the shelter environment overlays the stress that precedes the homeless episode, creating a situation where parents are even more challenged to provide sensitive and attuned care. Bradley, McGowan, and Michelson (2018) conducted a thematic synthesis of 13 qualitative studies that described the experience of parenting young children in a homeless shelter. Across studies, the authors found several factors that parents perceived to relate to their parenting behavior while they resided in shelter. These included a negative self-concept, poor personal mental health, lack of resources, limited autonomy in parenting, daily hassles, challenging physical environments, stigma, characteristics of the child, and low social support. For instance, one participant in a study conducted by Cosgrove and Flynn (2005) described the feeling of public parenting in emergency shelter where staff and other parents observed her family’s interactions, she reported that, “*I feel like I’m walking on eggshells*” (p. 129). In a different study, one mother shared about the difficulty of always being with her children in order to comply with the shelter’s rules,

stating “...*you have to be with your child at all times...Like if she want to go in the playroom, you got to sit in the playroom*” (Anderson et al., 2016, p. 12). Feeling surveilled by others while parenting and providing constant supervision to children could strain parents’ internal resources and limit their ability to remain attentive and responsive to their child(ren) over time. These challenges, among others, prompt parents to devise new ways of guiding their children and providing care in shelter (Paquette & Bassuk, 2009).

Parenting Strategies. Balancing the demands of the shelter’s rules with parenting values and practices creates a high-stress caregiving environment that is detrimental to parents, children, and the parent-child relationship (e.g., Anthony et al., 2016; Bradley et al., 2018; Bradley et al., 2020; Swick, 2008; Swick, 2009; Swick & Williams, 2006). Nonetheless, Bradley and colleagues (2018) found that parents adapt to these challenges by creating new parenting strategies including keeping a positive outlook, honoring their role as parents, and finding creative ways to provide care. For instance, parents described using sheets to create a private space for children in their shared bedroom or finding unused spaces within the shelter to take a break and to find privacy (Mayberry et al., 2014; Schultz-Krohn, 2004). In addition, caregivers described finding strength in their spiritual life and keeping a focus on the future to help them parent through periods of homelessness (Banyard & Graham-Bermann, 1995; Bradley et al., 2018; Cosgrove & Flynn, 2005; Fonfield-Ayinla, 2009; Paquette & Bassuk, 2009; Swick et al., 2014).

These adaptations and coping strategies signify *strengths* among parents who are homeless as they modify their parenting thoughts and behaviors to help them manage homelessness (Mayberry et al., 2014; Holtrop et al., 2015). Perlman and colleagues

(2012) suggest that while parents have clear challenges in providing supportive care during periods of homelessness, not all parents need the same degree or type of intervention. That is, the quality of parenting varies within groups of families who experience homelessness, suggesting that more tailored approaches to intervention that account for family strengths and risks may be most beneficial (Banyard & Graham-Bermann, 1995; Gewirtz et al., 2009; Paquette & Bassuk, 2009; Perlman et al., 2012).

Variability in Children's Outcomes

Young children who are homeless with their families face significant barriers to healthy development, educational attainment, and physical and psychological health while their parents are challenged to provide responsive care within stressful living conditions. Still, amid these risks, there is great variability in the range of children's social and academic outcomes within groups of children who experience homelessness and high mobility (HHM). Some children who experience HHM exceed their peers in social adaptation and academic achievement whereas others fall behind (Cutuli & Herbers, 2014; Masten, 2001; Masten & Obradovic, 2006; Masten, 2007; Masten et al., 2014; Obradovic et al., 2009). For instance, Obradovic and colleagues (2009) conducted a longitudinal study to understand differences in learning trajectories among groups of children with varying levels of risk in the Minneapolis School District (N = 14, 754) including those with experiences of HHM, those who were poor-but-housed, and all other children. They found that, on average, children with HHM experiences had the lowest levels of academic achievement and the slowest rate of academic growth across 18 months compared to both poor and non-poor peers who were not HHM. Importantly, the authors also found remarkable variability within the HHM group, suggesting that while

children with experiences of HHM are vulnerable to academic problems, they are not homogenous. Some children scored average or above average on standardized tests whereas others fell below grade level expectations. This finding indicates that academic and other services that support children during periods of HHM may need to modify intervention tasks according to the risks and protective factors within each child's caregiving environment rather than adopt a single approach for all children and families or assume that children who are homeless are 'destined' to fail.

Parenting Quality

Given the variability in children's outcomes among those who experience homelessness, researchers have worked to identify the factors that foster their resilience and that support children who experience HHM (Bassuk et al., 2015; Herbers et al., 2011; Masten et al., 2014). Across studies, there is evidence that "ordinary" adaptive systems, or those that are already part of children's proximal caregiving environments including parent-child relationships and cognitive development, are associated with children's likelihood for resilience (e.g., Cutuli et al., 2013; Huntinginton et al., 2008; Masten et al., 2014; Masten et al., 2015; Miliotis et al., 1999). For example, Herbers and colleagues (2011) analyzed associations among parenting quality, child executive functioning and IQ, and cumulative risk in relation to children's academic outcomes including school engagement and academic competence to determine how parenting and child characteristics relate to resilience. Parenting quality was evaluated by coding parents' talk about risk, parenting, and their relationship with their child. Two coders assessed the degree to which parents' talk signified *closeness* with the child, *warmth*, *positivity*, the *quality* of the parent-child relationship, and *hostility* toward the child. Children completed

an IQ assessment (WPPSI-III; Wechsler, 2002) and a series of tasks related to executive functioning (EF). Once they entered school (either K or 1st grade), teachers rated children's academic functioning with the Health and Behavior Questionnaire (Lemery-Chalfant et al., 2007).

Parenting quality, as indicated by parents' talk, is an important predictor of children's resilience. The authors found that the talk among parents in their sample indicated a low degree of warmth toward the child but a high degree of closeness, and that parenting quality (a composite score) positively correlated with child EF ($r = .48$) and child IQ ($r = .34$). Further, they found variability within the sample regarding parenting quality, noting that some parents provided higher quality parenting than others. Higher quality parenting moderated the effect of cumulative risk on children's academic functioning. Children with high risk and low-quality parenting evidenced the worst academic functioning whereas children with high quality parenting did well despite level of risk. These findings align with others that describe parenting as a buffer against adversity and support the hypothesis that parenting is an adaptive process with the potential to reduce vulnerability to risk among children who are homeless.

Protective Factors

Supportive parent-child relationships as well as children's ability to self-regulate are consistently related to children's resilience in relation to homelessness (Cutuli & Herbers, 2014; Herbers et al., 2011; Herbers et al., 2014; Masten et al., 2012). Masten (2001, 2015) describes these systems as "ordinary" processes that, when they perform at more optimal levels, protect children from the various adversities that are associated with homelessness. Cutuli and Herbers (2014) reviewed studies of risk and resilience among

children who experienced homelessness (primarily sheltered homelessness) and found that when parents provided the types of responsive and nurturing care that foster children's secure attachment and that strengthen parent-child relationships, children tend to have fewer psychological symptoms and better cognitive functioning. These associations outline a framework for understanding resilience as a function of the quality of ecological systems where children live.

Children with better self-regulation enjoy a range of benefits including fewer social and academic problems compared to children who have less self-control (e.g., Bucker et al., 2011; Obradovic, 2010; Herbers et al., 2011; Masten et al., 2012; Lafavor, 2018; Monn et al., 2017). For instance, Obradovic (2010) found that effortful control, or the ability to focus attention and inhibit behavior to regulate emotional and behaviorally responses, significantly predicted academic and peer competence in school as well as better psychological functioning including fewer internalizing and externalizing symptoms among children who were homeless. Effortful control remained a strong predictor of these outcomes regardless of child IQ, cumulative risk, and quality of parenting, although parenting quality was significantly correlated with children's effortful control ($r = .49$), indicating that parenting quality and effortful control were positively related.

Associations between varied aspects of self-regulation such as effortful control have been linked with positive parenting and with children's ability to do well in social and educational endeavors (e.g., Bernier et al., 2017; Kao et al., 2018; Spruijt, 2018; Herbers et al., 2014; Manfra, 2019). Indeed, the quality of parenting that children receive has been tested as both a mediating and a moderating factor in resilience research with

children and families who are homeless (e.g., Holtrop et al., 2017; Palmer et al., 2020; Wu et al., 2018). Higher quality parenting that includes factors such as positive co-regulation, responsiveness, and positive emotional climate has been found to support children's resilience during periods of homelessness and relate to better self-regulation, academic and social functioning (e.g., Cutuli & Herbers, 2014; Herbers & Henderson, 2019; Labella et al., 2019; Masten et al., 2014; Narayan et al., 2012; Narayan et al., 2015).

Parenting as a Protective Factor

"Perhaps our greatest leverage in altering the future of homeless families lies in supporting and guiding mothers as parents." (Hausman & Hammen, 1993, p. 376).

Responsive and sensitive caregiving is known to promote healthy development and wellbeing for all children (Grossman et al., 2008; Sroufe, 2005; Sroufe et al., 2009). For children who experience HHM, responsive parenting may do more than promote development, it may protect children from the adverse outcomes that are associated with high-stress and homelessness (David et al., 2012; Herbers et al., 2011, Herbers et al., 2014; Miliotis et al., 1999; Perlman et al., 2012). For instance, Labella and colleagues (2019) found that parenting quality moderated the association between cumulative risk and young children's internalizing symptoms such that high-quality parenting reduced the effects of adversity on children's mental health among families in shelter. Similarly, Palmer and colleagues (2020) found a moderating effect of parenting quality on the relationship between parents' emotion-dysregulation and children's internalizing symptoms among families living in emergency shelter. When parenting quality was high, parents' emotional dysregulation did not relate to child internalizing symptoms,

suggesting that parenting quality buffered the effects of poor parental emotion-regulation on children's psychological health.

Parenting quality has also been implicated in children's academic functioning within HHM groups. Herbers and colleagues (2014) investigated whether parenting quality, including non-directive responsiveness and positive co-regulation (PCR), related to children's adaptive functioning at school regardless of child competence (EF and IQ). The authors used State Space Grids (Hollenstein, 2007) to capture the dyadic nature of parent-child interactions and to generate a measure of PCR. An example of a PCR interaction might be when the child was on-task and the parent followed by using non-directive responsiveness, such as watching the child work or commenting on their work without directing it. PCR could also occur when the child was defiant, and the parent used positive control such as guiding the child by setting limits rather than negative control including shaming the child. Areas on the Grid were predetermined PCR by researchers and each dyad's likelihood of interacting in those spaces on the Grid indexed PCR.

Non-directive responsiveness may be an important parenting behavior that encourages adaptive functioning as well as cognitive development. The authors found that non-directive responsiveness significantly predicted peer acceptance at school as well as child EF and IQ whereas PCR predicted child EF and IQ, but not adaptive functioning. Thus, children whose parents used attuned yet non-directive behavior during interactions with their child (e.g., following the child's lead, engaging in play without controlling it) also had better social, cognitive, and adaptive outcomes. The authors suggest that bolstering parents' ability to attend to their child and respond in non-

directive and supportive ways may be particularly important for children during periods of stress such as homelessness because it relates to children's cognitive and social competence, two key factors in resilience. These findings fit with others (e.g., Herbers et al., 2011; Labella et al., 2016; Obradovic, 2011; Palmer et al., 2020) that demonstrate the importance of parenting for children's ability to weather the stress of homelessness and build resilience across developmental domains.

Responsive parenting is an important protective factor for children who experience homelessness, yet homelessness and the socioeconomic and psychological risk factors that often accompany homelessness may limit parents' ability to provide the types of responsive care that foster resilience for children (Bradley et al., 2018; Davied et al., 2012; Howard et al., 2009, Kull et al., 2019). Thus, just when children need the most protection, parents' capacity to reflect on the child's needs and to maintain responsivity may be the most challenged. Some researchers argue that supporting parents' capacity to provide sensitive care to their young children during periods of homelessness may be a powerful way to help families and young children build resilience (e.g., Hausman & Hammen, 1993; Palmer et al., 2020; Paquette & Bassuk, 2009; Perlman et al., 2012).

Reflection in parenting, or the parents' ability to hold their child in mind even during periods of distress, is known to underlie sensitive parenting and the continuity of attachment across generations (e.g., Slade, 2005; Slade et al., 2005); however, little is known about reflection in parenting within families who are homeless. Understanding reflection in parenting and how reflection varies within families who are homeless may be a meaningful step in determining how to provide targeted support to parents with young children during episodes of homelessness.

Reflection in Parenting

Parents who are more reflective, or who demonstrate curiosity, interest, and understanding about their child and about their parenting, are more likely to provide the types of caregiving behavior that underlie healthy social-emotional and cognitive development and that foster secure attachment relationships (e.g., Fonagy & Target, 1997; Slade et al., 2005; Ensink et al., 2016). For instance, a mother who understands her 4-year-old son's aggressive behavior in shelter as an expression of his feelings of loss and uncertainty is more likely to respond to him with empathy, addressing his underlying feelings by holding him or providing gentle guidance. Conversely, a mother who perceives her son's aggression as a trait or an intention to embarrass her in front of shelter staff might use harsh punishment or ignoring to deal with his outbursts, creating a mismatch between the child's internal emotional experience and the mother's response. Over time, such mismatches undermine the attachment relationship, the child's sense of worth as a psychological being, and their understanding of the congruence between emotions and behavior (Fonagy & Target, 1997; Luyten et al., 2017b; Sharp & Fonagy, 2008).

A parent's ability to understand their own and their child's behavior as a function of internal experiences (e.g., desire, wishes, and needs) is referred to as parental reflective functioning (PRF) (Camoirano, 2017; Luyten et al., 2017b; Slade, 2005). Reflection in parenting helps the caregiver make meaning of interactional behavior and understand how their own mood, experiences, and state of mind are reflected in how they respond to their child. Parents with higher PRF are more likely to establish emotional reciprocity within the parent-child relationship and assist the child in learning to regulate their own

emotions (Fonagy & Target, 1997; Kelly et al., 2005; Ensink et al., 2019; Slade et al., 2020). In other words, when the parent correctly identifies the child's emotion and/or need and responds in a way that helps the child recognize and then regulate that need or emotion (e.g., by picking up a crying infant or by returning a bid for social engagement with play), they set a foundation from which the child develops awareness and control of their emotions and behavior (Ensink et al., 2016; Luyten et al., 2017b; Nijssens et al., 2020; Pajulo et al., 2018; Sharp & Fonagy, 2008). Thus, these attuned and responsive interactions are especially important for children who are homeless because better self-regulation and more supportive parent-child relationships are associated with better child outcomes.

Parental reflective functioning has been identified as a critical component in the intergenerational transmission of attachment, and in parents' ability to tolerate distress and provide sensitive care (Ensink et al., 2016; Krink et al., 2018; Slade et al., 2005; Rutherford et al., 2013; Rutherford et al., 2015). Consequently, there has been a great deal of research and intervention work around PRF, parent-child relationships, and child development (e.g., Cox et al., 2020; Gubits et al., 2018; Longhi et al., 2016; Longhi et al., 2019; Slade et al., 2020). For instance, Grienberger and colleagues (2005) found that parents' reflective capacity related to affective communication during parent-child interactions such that mothers with low PRF had more disruptions in affective communication with their infants. These disruptions limited mothers' ability to co-regulate their infant's negative emotions including fear, suggesting that low PRF undermines secure attachment and healthy social-emotional development. Likewise, Ensink and colleagues (2019) found that low maternal PRF related to parenting

insensitivity with 6-month-old infants and predicted disorganized attachment at 12 months. These findings, and others, underscore the importance of attending to parents' thinking about their child and their relationship with their child not only in predicting later parenting behavior but in assessing parents' current capacity for ongoing responsive care. Interventions such as *Minding the Baby* that target PRF as a means for improving parent-child relationships and family mental health have reported encouraging results that suggest parental reflection is a key factor in supporting responsive parenting and positive child outcomes (e.g., Sadler et al., 2006; Slade, 2005; Slade et al., 2019).

Parents' Talk about Children

Parental reflective functioning is often assessed by analyzing parents' talk about their child and about their parenting, or by observing the degree to which parents' comments during parent-child interactions attune to the child's internal state (Camoirano, 2017; Meins, 2013; Slade, 2005). Across studies, Elizabeth Meins (2013) has found that parents whose comments attune to their child's internal experience during interactions are more likely to have children with secure attachment relationships whereas those whose comments are incongruous with the child's experience are more likely to have children with insecure attachments. For example, a parent who states "you are ok" to a crying child who recently fell demonstrates less reflection because their comment dismisses the child's experience of the fall. These types of non-attuned comments suggest that the parent has less capacity to take the child's perspective and consequently, to offer more sensitive care.

Reflection among parents has also been assessed with standard semi-structured interview and coding schedules such as the Parent Development Interview (PDI; Aber et

al., 1985, Unpublished) or the Working Model of the Child Interview (WMCI; Zeanah & Benoit, 1995) (Camoirano, 2017). Items on these protocols elicit information about how the parent conceptualizes their child and their relationship with their child. An example from the PDI is “Describe a time in the last week when you and your child really clicked.” Similarly, the WMCI asks, “Does your baby or child get upset often?” and “What do you do at these times?” Coders rate the degree to which parents’ responses to these questions demonstrate mature reflection on a scale from –1 (absence of reflection) to 9 (high reflection). Reflection is indicated by statements that suggest an awareness of mental states and the ability to recognize differing perspectives of the same experience (Zeanah & Benoit, 1995).

The ways in which parents describe their child and their relationship with their child provide insight into parenting behavior and relate to child outcomes. Narayan and colleagues (2012) tested an adaptation of the Five-Minute Speech Sample (FMSS) to determine whether it could be a useful assessment and research tool for families who experience sheltered homelessness. The adapted FMSS is a task where the parent provides a five-minute audio-recorded description of their child; they are asked to talk for five minutes about *what kind of a person their child is* and *how the two of them get along* (Narayan et al., 2012, p. 651). Parent transcripts are then coded for various qualities within the talk including *criticism*, *positive talk* such as expressions of love and of a positive parent-child relationship, *warmth* in tone and in content, and *negativity* in tone and in content. Among a sample of 39 parent-child dyads, Narayan found that parents’ *criticism* of their children correlated with various dimensions of observed parenting including positive involvement ($r = -.65$), problem solving

($r = -.45$), coercive discipline ($r = .60$), skills encouragement ($r = -.51$), and effective parenting ($r = -.65$). *Negative affect* was also correlated with less positive involvement, coercive discipline, and less effective parenting whereas *warmth* positively correlated with all aspects of positive parenting. These findings suggest that the quality of parents' talk, even short samples, is a meaningful way to assess parenting and to learn about the parent-child relationship.

Parents' descriptions of their children relate to children's social and emotional outcomes in addition to parenting behavior. Labella and colleagues (2016) tested the FMSS in relation to family cumulative risk, parent-child interactions, and child and adult social and emotional outcomes. They found that aspects of parents' talk may be key indicators of some types of parenting behavior and of children's social and emotional functioning. For example, among a sample of 138 parents and children (ages 4 to 7) in shelter, higher cumulative risk predicted higher levels of internal distress among parents, and distress predicted more negativity in parents' talk. Further, the ways in which parents talked about their children related to children's social and emotional outcomes such that more warmth in the talk related to more positive affect in children whereas more negativity related to more negative child affect. The quality of parents' talk about their children could provide insight regarding their ability to reflect on their child as a unique individual with thoughts, feelings and experiences that relate to their behavior and to their personality development. Finding evidence of parents' reflective capacity within their talk might be a productive way to evaluate and research various dimensions of parenting.

Reflective functioning strengthens parents' capacity to remain sensitive to children's needs, to respond in warm and attuned ways, and to foster healthy development including self-regulation skills, even during periods of distress (e.g., Luyten et al., 2017; Nijssens et al., 2018; Rutherford et al., 2013; Rutherford et al., 2017). The parent's capacity to reflect on their child, or to keep their child in mind, as they navigate through episodes of family homelessness may be a critical factor in supporting positive parenting and in fostering children's resilience. Further, analyzing parents' talk for evidence of parenting reflection may be an effective way to understand their reflective capacity and to identify which parents need more support in their parenting during periods of homelessness (Narayan et al., 2012). Yet, there are few studies that investigate reflection in parents' talk about their parenting and about their children among families who live in homeless shelters, or how those reflections vary across families. Thus, the purpose of this research study was to investigate parents' reflections on parenting and children during a period of sheltered family homelessness to gain a deeper understanding of these parenting reflections and to investigate variations in parenting reflections.

Theoretical Orientation

This research study was guided by an ecological-developmental framework and by attachment theory (Bronfenbrenner, 1979; Bowlby, 1969). The ecological-development framework positions children as developing within nested social and environmental systems that range from proximal systems such as the parent-child relationship to larger macro systems such as political and cultural environments (Bronfenbrenner, 1979). From this framework, children are considered part of dynamic and interacting systems where they have an active role in influencing those around them

and, at the same time, are influenced by others and by the environments within which they live (White et al., 2015). With respect to homelessness, this framework presupposes that multiple systems from the broader caregiving environment (e.g., community, state, etc.) to the proximal caregiving environment (e.g., parent-child relationships) bear on the reasons for becoming homeless and the personal experiences of family homelessness for individual members, particularly with respect to children in their development (Haber & Toro, 2004).

Importantly, the ecological framework incorporates time and the events that unfold across time as key factors in understanding how children develop in relation to their lifetime experiences (Bronfenbrenner, 1989). Time and lifetime events are meaningful considerations for this project because episodes of family homelessness (events) are known to associate with changes in children's outcomes depending on their age, and to relate to the quality of the physical and emotional caregiving environments where children live (Brumely et al., 2015; Sandel et al., 2018). I focused this study on infancy and early childhood because these are sensitive periods in development where the experiences that children have both in their immediate relationships and in their greater environments have lasting effects on biopsychosocial development (see Feldman, 2020 for a review of the role of early experience in development and building resilience).

Adaptation is a key concept in ecological models of human development. Adaptation refers to the ways in which individuals with internal resources (e.g., genetics, psychological functioning, etc.) adapt to changing conditions within their environment and in relation to each other (White et al., 2015). For young children, adaption occurs within relationships and specifically, within the attachment relationship as D.W.

Winnicott has explained, ‘there is no such thing as a baby, there is a baby and a mother’ (e.g., Winnicott, 1987, 2002). In other words, the attachment relationship that infants and young children share with a primary caregiver, their immediate proximal caregiving system, is central to their experience of the social world, their development, and their capacity to adapt. Children with an attachment figure who is responsive and capable of mediating the child’s experiences in a way that supports their sense of security are more likely to develop in healthy ways physically and psychologically whereas those with less responsive caregivers are more likely to adapt in ways that may help them survive, but that ultimately undermine their health and wellbeing (e.g., Sroufe et al., 2009; Sroufe, 2016).

The parent’s ability to keep the child in mind, particularly during periods of stress and adversity, is the cornerstone of sensitive caregiving and security in attachment (Ainsworth, 1969; Pederson et al., 2014). Ainsworth noted that a parent must be able to “see things from the baby’s point of view” (Ainsworth, 1969, p. 2) to fully understand the infant’s needs and to respond promptly in a way that communicates mutual understanding to the infant. This capacity to reflect also helps the parent imagine how their own mood and behavior is expressed in their caregiving and may be experienced by the child (Ainsworth, 1969). Homelessness represents a stressful situation where parents must negotiate the demands of poverty (e.g., securing basic needs) with the demands of parenting, including understanding and responding to the needs of the child (Bradley et al., 2018). Parents who have the capacity to hold the child in their mind through episodes of homelessness by maintaining responsiveness and attunement may offer the child protection from the vulnerabilities associated with homelessness as well as the reasons

for becoming homelessness, such as chronic poverty or family violence. Therefore, the quality of the attachment relationship plays a critical role in the experience of homelessness for infants and young children as they rely on the attachment figure to help them adapt to their changing environment and to regulate the stresses related to living homeless.

CHAPTER 3

Method

These data were collected as part of a larger mixed methods case study of a homeless shelter. The goal of the case study was to understand how parents of young children access community resources for their families while they are sheltered and homeless. The analyses that are presented in this dissertation come from a sub-set of that data that focuses specifically on parents' reflections about parenting and about their children, and on self-reports of family-related protective factors. The data set includes qualitative interviews with parents who lived in shelter with a young child (> 6) and a self-report measure of family-related protective factors. Information about the setting, participants, and data collection are described below.

Design

I used an embedded (concurrent) mixed methods design with an emphasis on qualitative data collection and analysis (QUAL + quant) to address the research questions (Hanson et al., 2005; Teddlie & Tashakori, 2006). An embedded concurrent mixed methods design includes qualitative and quantitative strands of data where one is embedded within the other to enhance the findings and to compare differing types of information about a phenomenon (Creswell et al., 2011; Plano Clark et al., 2008). In this case, the quantitative data were embedded within the larger qualitative data to draw conclusions about parental reflection that were informed by both research methods. This approach to data collection and analysis was fitting for this research project because parenting within homeless shelters is a complex social phenomenon where there is yet unknown variability and where there are likely nuances in parenting within groups of

families who are homeless (Haskett & Armstrong, 2019; Mayberry et al., 2014). Thus, the mixed methods approach allowed me to examine and compare how parents' self-reported perceptions about their family functioning, knowledge of child development and parenting, and relationship with their child compared to their talk about the same or similar topics. Further, the mixed methods design accommodated an inductive approach to the data analysis, allowing emergent patterns and themes to inform the progression of the project as well as the findings. I integrated the two strands of data with a joint display to better understand and illustrate relationships between parents' talk and quantitative variables, and to create a way for readers to visualize convergence between methods (Guetterman et al., 2015).

Researcher Reflexivity

Reflexivity in qualitative research is an important step in ensuring quality and in helping readers understand the position of the researcher in relation to the participants (Creswell & Poth, 2016; Berger, 2015). In this case, there are two important considerations in my work and research with mothers and children in this shelter. First, I volunteered at the shelter as an early childhood educator and caregiver for two years prior to beginning the study. Volunteering at the shelter provided valuable information about the shelter's culture, operations, staff members, and families. Such prior knowledge informed the research design and questions. For instance, I used terms that were specific to the shelter in interviews to facilitate discussion and, to some degree, demonstrate a shared understanding of the shelter environment. Second, I am a clinical social worker with extensive experience in interviewing parents about children's trauma and about parenting. My training helped me to guide interview prompts and to address strong

emotions that surfaced in parents as they talked about the hardships of becoming homeless with young children. Further, my clinical experiences influenced the research questions that I asked and the ways in which I analyzed data to find reflections.

Credibility and Trustworthiness

To establish validity, I collected multiple strands of data for each participant, reflected on my role in the research process as a researcher and as a volunteer at the shelter, and spent significant time with each participant and with their data. Furthermore, during interviews, I consistently and repeatedly checked my understanding of key phrases or concepts that participants expressed. For instance, one participant's talk included reference to "shelter living." To gain a clear understanding of what she meant, I used follow-up and clarifying questions and finally, explained to her my understanding of "shelter living." Once she agreed that I understood her conceptualization of "shelter living," I moved to the next question. These types of instances where I spent time clarifying my understanding of participant's expressions were common across interviews and were considered a form of building credibility during data collection. While this method may not be the conventional way of "member-checking," it is consistent with the process of confirming that the participant's voice is accurately reflected in the data (Cho & Trent, 2006; Harvey, 2015; Lincoln & Guba, 1985; Merriam, 2009).

Member-checking in the traditional sense or presenting data and findings to the participants or to members of the target population, is considered an important step in establishing trustworthiness or credibility in qualitative research (Merriam, 2009). I did not conduct such traditional member-checking during the analysis phase of the research process. This decision was made with consideration for the theoretical frameworks within

which the data were analyzed. That is, I interpreted participants' talk through the lens of attachment theory and used my expertise and experience to identify words and phrases in the talk that were meaningful with respect to attachment and parental reflection.

Participants who do not have the same training would not likely make the same conclusions that I made about the meaning of the data. Thus, member-checking during the analysis would have been inappropriate (Cho & Trent, 2006; Harvey, 2015).

Finally, all data are organized in a way that leaves an "audit trail" such that other researchers could easily find the sources for themes and conclusions. That is, there is an Excel Sheet with raw data, coded data, data grouped by category and by theme. There are also tables with frequencies and durations of parenting reflections. These items show accountability in the research process and demonstrate the trustworthiness of the analytic process. Creating such an "audit trail" is considered a common way to establish credibility and rigor in qualitative studies (Creswell & Miller, 2000; Houghton et al., 2012; Merriam, 2009).

Setting

Data for this study were gathered from parents and young children who lived in a large homeless shelter in a mid-sized Midwestern city. The shelter houses an average of 350 men, women, and children each day. The building includes two separate wings, one designated as a *men's shelter* and the other, a *family shelter*. Men, including those with children who also live in the shelter, stay in the *men's shelter* whereas women and children stay in the *family shelter*. Mothers and fathers are not allowed to stay together with their child(ren) in this shelter. Separating fathers from mothers and children is

important to note because the context of the shelter environment, including the rules and practices therein, was an important shared experience for parents in this study.

Participants

Sixteen parents consented to participate in the study with their child. Fifteen of the parents were mothers; one father participated as a couple with his wife. He lived in the *men's shelter* while she lived in the *family shelter* with their children. Parents were eligible to participate if they were 19 years or older, spoke English, and lived in the shelter with at least one child who was younger than six years old.

Sociodemographic characteristics of the sample are presented in Table 1. Parents ranged in age from 20-35 ($M = 28.5$) and had an average of 1.94 children (range 1 to 7).

Table 1

Sociodemographic Characteristics of the Sample (N = 16)

Characteristic	N	%
Gender		
Female	15	94
Male	1	6
Ethnicity		
White	6	37
Black	4	25
Hispanic	3	19
Multiracial	3	19
Marital Status		
Partnered	7	44
Married	4	25
Single	4	25
Divorced	1	6
Employment		
Unemployed	12	75
Employed	4	25
Previous shelter stays	7	44
Prior living arrangement		
Single family residence	7	44
Double-up with family	4	25
Double-up with friends	3	19

Other shelter	1	6
Tent	1	6
Social safety net		
Medicaid	13	81
Title XX (childcare)	4	25
Free/reduced cost lunch	6	37

Families sought shelter for multiple, often complex, reasons that included both financial and social factors. Financial instability and/or job loss, intra-family conflict, and concerns about family safety were the top three reasons for seeking shelter. About half of the parents attributed their need for shelter to more than one reason such as one mother who was unable to maintain her family's apartment through an acute illness and subsequent job loss. She reported that a cascade of events coupled with chronic poverty and low social support left her without options when she could not pay the rent. Like her, about 44% of families lived in a single-family residence prior to coming to shelter.

Data Collection

Parents were invited to participate in the study via flyers and through direct recruitment during meetings in the *family shelter*. Those who expressed interest in the study were screened for eligibility, scheduled for a research visit, and provided a consent form. Parents who consented to participate completed surveys and a semi-structured audio-recorded interview that was conducted by the first author. Participants received a \$20 gift card and a children's book as incentive.

All data were collected within the homeless shelter from November to December 2017 except for one case when a parent was rehoused before the research visit. That participant completed data collection at a public library. One participant's audio

recording was lost; the researcher's notes from the interview that included direct quotes were used for analysis. Prior to conducting the research, the protocol was approved by the University of Nebraska Institutional Review Board.

Measures and Interview Protocol

Parenting Reflection

Semi-Structured Interview. Parents were asked about four topics including (1) family composition, (2) life before shelter, (3) entering shelter, and (4) community resources (see Appendix A). Sample questions include, "Who is in your family and where do they live?" "How did you decide to come to the shelter with your child?" "What was your experience of entering the shelter?" and "What community resources do you use, and how did you find out about them?"

The interviewer used probing questions to learn more about topics that participants introduced and clarifying questions to help participants to articulate ideas. For instance, when a parent introduced the term "shelter living" to describe the conditions in the shelter, the interviewer asked follow-up questions to learn the meaning of "shelter living." When parents talked about topics that were not included in the interview protocol, they were freely allowed to elaborate and offer details.

Protective Factors

Protective Factors Survey (PFS; FRIENDS National Resource Center, 2008). The PFS is a 20-item parent-report measure that is designed to provide a "snapshot" of five protective factors within a family. This analysis includes sub-scores from three of the protective factors including: *Family Functioning/Resiliency*, *Child Development/Knowledge of Parenting*, and *Nurturing and Attachment*. The factors are

summarized in Table 2. Throughout, these factors will be referred to as family-related protective factors.

Table 2

Summary of the Protective Factors on the PFS with Sample Items

Protective Factor	Description
Family Functioning/Resiliency	Adapting to difficult situations and creating strategies to address problems including the capacity to talk about and manage problems and to share good and bad experiences. <i>Item: My family pulls together when things are stressful.</i>
Child Development/Knowledge of Parenting	Knowledge and use of developmentally appropriate child expectations and guidance techniques. <i>Item: There are many times when I don't know what to do as a parent.</i>
Nurturing and Attachment	Perceptions of ongoing emotional bonds and the quality of parent-child interactions. <i>Item: I am able to soothe my child when he/she is upset.</i>

Note. This table was adapted from the Protective Factors Survey User Manual (2020).

Items are assessed on a 7-point scale with anchors ranging from Never (1), to About Half the Time (4), and Always (7). Items 12 and 14 on the *Child Development/Knowledge of Parenting* subscale were reverse coded. Instrument developers do not recommend calculating a sub-score for *Child Development/Knowledge of Parenting* because the items do not capture the full complexity of the construct. Instead, they recommend presenting means as a reflection of the family's knowledge with respect to the items on the measure at the time of the assessment. Thus, for this study, references to scores on *Child Development/Knowledge of Parenting* items do not reflect the full body

of knowledge that parents may have about child development or parenting. They serve as an indicator of what families know about the specific items on the measures at the time of assessment. Items in *Child Development/Knowledge of Parenting* include: *There are many times when I don't know what to do as a parent, I know how to help my child learn,* and *My child misbehaves just to upset me.*

Reliability for the PFS was estimated during testing with Cronbach's coefficient alpha. Alphas for the subscales used in this study are: Family Functioning/Resiliency ($\alpha = .89$), Nurturing and Attachment ($\alpha = .81$). There is no reliability data for *Child Development/Knowledge of Parenting* due to restrictions in how to interpret items related to this factor.

CHAPTER 4:

Data Analysis

All interviews were transcribed verbatim by the first author in Word documents, then they were imported to Excel to organize. Interviews ranged in length from 28 to 63 minutes ($M = 37$ minutes, 27 seconds). I used the analytic guidelines established by Braun and Clarke (2019) to conduct a thematic analysis of the qualitative data. Thematic analysis (TA) is an approach to analyzing qualitative data where the aim is to systematically build “theme” by identifying the shared meaning of an experience across participants rather than to highlight individual meanings (Braun & Clarke, 2019; Vaismoradi et al., 2016, p. 101). Themes are constructed by becoming familiar with the data, actively developing codes, and identifying, reviewing, and defining patterns of shared meaning (Braun & Clarke, 2019). Themes are important to the analysis insofar as they address the research question(s) and facilitate data interpretation (Braun & Clarke, 2019; Clarke & Braun, 2013; Vaismoradi et al., 2016). TA allows for important research questions to emerge as themes in the data become evident and thus, this analytic approach fit these data because the research questions that I investigated only became apparent as the analysis unfolded (Braun & Clarke, 2019).

Throughout the research project, basic quantitative analyses were conducted with the qualitative data to focus the theming and to gain a more refined understanding of the differences in parents’ reflective talk. Specifically, analyses included descriptive statistics, contingency tables, and graphs to visualize the data and to guide decisions about building themes. Finally, I used a joint display to integrate qualitative and quantitative data, and to demonstrate how the data aligned. Integrating the data facilitated

new insights informed by both qualitative and quantitative findings (Guetterman et al., 2015).

Analytic Phases

Phase One

The first and second phases of the analysis were conducted by the two principal investigators. In this first phase, we became familiar with the data by listening to the audio-recordings and carefully reading transcripts, taking note of important quotes or ideas. Then, we discussed initial thoughts and generated a list of potential codes and sub-codes. During this initial process, we observed that participants often talked about their own parenting and about their children's experiences, feelings, and thoughts. This observation was noteworthy given that the goal of the research was to understand how parents accessed community resources and not how they thought or felt about their parenting or about their children.

Phase Two

In phase two, we numbered each line of the transcripts to organize the coding process. Numbered lines allowed us to define stretches of talk, or complete thoughts within an ongoing narrative (Gordon, 2019; Tannen, 2007), such as when a parent discussed a specific reason for coming to the shelter within a larger narrative of experiencing chronic poverty. During this phase, existing codes and sub-codes were clarified, new codes were added, and some were deleted or collapsed with others. From this phase, a final code sheet was created for the next iteration of analysis (see Appendix B).

Each investigator independently coded 839 unique stretches of talk across all participants. All stretches were assigned at least one overarching code and sub-code (e.g., *parenting: strategies*), and some were assigned multiple codes. All stretches of talk were assigned a code. For instance, one mother described how she pushed the beds together in her room to make a safe space for her child to sleep; her talk was coded as *parenting: instrumental care*, and *shelter environment: physical space*. Once the transcripts were coded, we established reliability by comparing codes for each stretch of talk on every transcript, discussing differences until reaching consensus.

A series of frequency counts then facilitated an understanding of patterns in the data and helped to identify potential categories and themes. First, we visually inspected the data with graphs of aggregated frequencies for each code and sub-code to see which codes occurred most often across participants and to focus the analysis on prominent categories of ideas that emerged. This process showed that participants talked about the category *parenting and the child* most often, representing about 45% of the coded talk. In other words, about 45% of parents' talk referenced parenting or children.

Codes about Parenting and the Child. Talk about *parenting and the child* included comments about the emotional and instrumental care involved in parenting during periods of family homelessness. Each stretch of talk that was coded as *parenting and the child* was also assigned a sub-code that reflected the specific nature of the talk as show in Table 3.

Table 3*Description of Parenting and the Child Codes (N = 381)*

Parenting Codes	Description	Quote	N (%)
Reflections	Talk that includes emotions or thoughts about parenting or about children.	"Most everybody loves her [child]. But who wouldn't, you know? She is very social."	140 (36.7)
Distortions in reflection	Possible misunderstandings around children's mental states or behavior	"It's very stressful, it's hard on ME, you known, when he asks for his daddy and I don't know what to do... Ya, it's more ME"	9 (2.4)
Parenting strategies	References related to planning for the care of the family or for the child.	"I just did my own research. I looked for, like, a list of daycares online. I Googled....daycares near the Shelter. I kinda went to their websites and looked more."	89 (23.3)
Instrumental care	Utterances about how parents provide care to their children or meet their basic needs.	"We only get like a half hour, 45 minutes [to eat]. That's why we started giving Ava Pediasure shakes. Because she takes a very long time to eat!"	83 (21.8)
Child mental and physical health	References to the wellbeing of children including their physical and emotional health.	"A lot of kids will not open up to a parent because they feel like, 'I'm embarrassed,' or 'This is my mom.' It'd be nice to go and talk to someone. If they would have something like that here, I bet you the kids would probably be a lot less stressed and not tapped out so much."	33 (8.7)
Safety	Statements about the safety of children within or outside of the shelter	"I had an incident with this chick. She came at me and I had my daughter! She just <u>came at me for no reason.</u> "	26 (6.8)

For instance, one mother described an event where she was unexpectedly detained at the courthouse when she went to pay for a traffic violation. She was on her way to eat lunch with her daughter at her daughter's elementary school when she learned that she was being detained. This mother described her distress thinking about how her daughter would feel when she did not show up for lunch. She shared,

...my daughter wanted me to come have lunch with her at 11:30. And I said well I'll try. And so I didn't show up for lunch you know and it was hard for me to call her and be like, I'm in jail. You know. I mean. She's like well you didn't come eat lunch with me.

This talk was assigned with the sub-code *reflections about parenting or the child* because it provided a clear example of how the mother kept her child in mind, or reflected on her child, while she negotiated her bail and planned to get her daughter home from school while she was detained. To address the first research aim, each stretch of talk that was coded as *parenting and the child; reflections about parenting or the child* (referred to as *reflections*) was extracted and re-analyzed to find themes about parenting reflections. Themes were generated by grouping together instances of talk that converged around a shared essential idea. For instance, talk that referenced the ways that parents linked their understanding of their child to their parenting choices were analyzed together and themed "Connecting the child's thoughts, feelings, and experiences with parenting behavior and strategies."

Reflections about Parenting or the Child. More than one code and sub-code could be assigned to a stretch of talk. For instance, the mother who was detained relied on

other mothers in the shelter to care for her daughter until she could find bail money. Even though she “buted heads” with other mothers when she moved to the shelter, those mothers responded to her call for help. She said:

...basically we butted heads because they thought ‘maybe she thinks she’s better’ and they don’t have cars. No, they didn’t know me. And now, you know. And they were the ones that ended up helping me and if I was. Let’s say I was [living] at the hotel or my office... I wouldn’t have not known, honestly, who to call. I did sleep in some kind of comfort that night because I knew that my girls were here [at the shelter] with Natalie.

This talk was coded as *parenting and the child* with sub-codes, *reflections* and *parenting strategies*, and *shelter environment* with sub-codes, *relationships with other mothers*. Most of the talk that was coded as *parenting; reflections* was also coded with other parenting sub-codes (e.g., *parenting strategies, instrumental care*), and other categories such as the *shelter environment, resources*, and *fathers*. To better understand these intersections, I created a contingency table showing the frequency of cross-codes to determine those that occurred most often.

Phase Three

In the third phase of the analysis, I assessed differences in parents’ overall talk about parenting and about *reflections* specifically. To understand variations in parents’ talk, I first calculated and graphed the frequency of the parenting sub-codes. There was overlap among the parenting sub-codes; visualizing parenting sub-codes for each participant allowed me to better understand consistency in the talk about different parenting topics. Next, I calculated each participant’s total talk time and time spent

talking about *reflections*. Total talk time was the number of seconds that a participant spoke; it did not include the seconds that the interviewer spoke or that the interview was disrupted (e.g., with an overhead announcement or by attending to children). Duration of reflection is the proportion of time (in seconds) that the participant talked about reflections compared to their total talk time.

Phase Four

During the fourth and final phase of the analysis, I calculated sub-scores on the PFS for each participant and descriptive statistics for aggregated scores. Then, I chose three cases that differed in their duration of reflection compare qualitatively derived case characteristics related to each of three family-related protective factors and quantitatively derived PFS sub-scores. Case characteristics were based on the qualitative data and guided by the definition of each family-related protective factor that is listed in the PFS Manual. For instance, the protective factor *Family Functioning/Resiliency* is defined as: “Having adaptive skills and strategies to persevere in times of crisis. Family’s ability to openly share positive and negative experiences and mobilize to accept, solve, and manage problems” (PFS, 2008, p. 5). The case characteristics for this factor are a summary of how that factor is described in each parent’s reflective talk. I chose the three cases purposefully to maximize comparison across cases and to clearly display the range of reflection within the sample.

Finally, I integrated the qualitative and quantitative data around protective factors for each case in a joint display. Integrating qualitative and quantitative data within a mixed methods study is an important step in fully realizing the value added by combining methodological approaches to address research questions (Creswell & Plano-Clark, 2017;

Fetters et al., 2013; O’Cathain et al., 2007). The joint display is a means of data integration and a useful tool for both analyzing and representing mixed methods data (Guetterman et al., 2015; Younas et al., 2020). Here, the joint display was useful in framing comparisons in parents’ talk around protective factors and self-report scores in protective factors, and in thinking about potential profiles of parents with differing rates of parenting reflections.

Chapter 5

Findings

The purpose of this analysis was to better understand parents' reflections around parenting and their child during a period of sheltered family homelessness, and to describe variations in these reflections across parents and in relation to perceptions of protective factors that relate to parenting and family relationships. The data came from a larger study about how families access community resources while they are homeless. Although the focus of the study was on resources access, some parents spent significant time reflecting on their parenting and on their child in addition to responding to questions about resources. Indeed, talk about parenting accounted for 45% of the total talk, and *reflections* (N = 149) accounted for 39% of the talk about parenting. Importantly, more than 78% of the reflective talk was also coded with other parenting sub-codes or with categories other than parenting such as *fathers*, the *shelter environment*, and so on. These intersections across and within codes demonstrate the complexity of the reflections and the many factors, proximal and distal, that bear on parents' thinking and behavior as they manage a family within a homeless shelter.

Aim 1: Understanding Reflections

There were six themes that emerged around parenting reflections as shown in Table 4. These themes encompass the emotional and physical work in parenting young children in shelter and provide insights into parents' thinking and understanding about their children's personal experiences of homelessness and of the shelter environment. Each theme is unique and yet, common threads across themes, such as reflections about the stress of parenting in shelter and the differential impact of the shelter's rules on

mothers, create a cohesive narrative around what it means to parent young children during a period of sheltered family homelessness. The sections below detail each theme with examples from the data to illustrate the ways in which parents articulated their reflections.

Table 4*Themes around Reflection (N = 149)*

Theme	Description	Example Quote	Frequency, n (%)
Hopes	Parents want their child to have enriching developmental experiences, high quality education, and warm family relationships and yet, they are limited in what they provide.	"I just want my kids to at least be somewhere safe and learn. Not just. Here."	41 (27.9)
Acknowledging	Parents have knowledge of their children's preferences, and attempt to understand children's personal experiences, particularly of homelessness, and emotions.	"In the lobby, it was really busy. So I had to wait and then they asked me to go ahead and eat dinner first and then do my intake. So the boys were... like, 'I don't know what's going on!' Going all different ways."	37 (25.2)
Concerns	Parents have concerns about how to maintain their child's health and safety while they are homeless and while they make choices about children's care.	"The space here. They have those big shelves. And I think it's dangerous for the kids you know? Like climbing. So what's in the space... like, it's not too safe."	25 (17.0)
Connecting	Parents use their knowledge and understanding of their child to inform their parenting strategies and behavior.	"Oh ya! My boys. I mean they usually like to stay up kind of late. They don't sleep that good. But um, once I started letting 'em play outside. You know. I figured. Just kept them bundled. And let them run around and it really wore them out. They loved it."	19 (12.9)
Knowledge	Parents demonstrate knowledge of child development and use that knowledge to adjust expectations about children.	"For her age. That one [daycare] was like, good for her at that time but now she's being more curious, more active. I want her to potty train. I want her to develop kinda friendship	18 (12.2)

		with her classmate or the little people that she meets.”	
Distortions	Parents make possible misattributions about their child’s behavior or lack insight into the child’s internal experiences and state of mind.	“Going from being around my husband all of the time...and here, he has to be in a completely different area. It doesn’t seem it’s been a whole big toll on him [child] so much. Ya, it’s more me. It’s very hard on ME.”	9 (6.1)

Note. The total number of reflections ($N = 149$) includes Possible Distortions in Reflection

Theme 1: Hopes and Desires for Parents and for Children

There were 12 parents who talked about their hopes and desires for their children and for their parenting. These parents expressed the hope for their children to have “something more”, such as high-quality educational experiences, as well as the desire to uphold the parenting values and strategies that they held while they were housed (e.g., humility, respect). At the same time, parents described the challenges in realizing those hopes and desires with limited agency in providing for their children and restricted autonomy in decision making due to shelter rules and practices. Thus, the talk within this theme illustrates the disparity between parents’ hopes and aspirations for their children and their ability to effectively bring about enriching opportunities, warm relationships, and advantageous experiences to encourage healthy development. Parents noted that these disparities generated stress and overwhelming feelings of powerlessness as they attempted to enact the parenting role with inadequate social and/or material supports.

Hopes and Desires. Parents described how they parented their children prior to the shelter stay, emphasizing the control that they had over the children’s schedules and priorities while they were housed. For instance, at home parents made decisions about bedtime, mealtimes, and play. Parenting decisions around the children’s daily activities diminished at the shelter, creating a difficult situation for parents who wanted to uphold their parenting values while they had little control over the environment. One mother who was waiting for an opening in a domestic violence shelter shared about her son’s exposure to differing types of child and parent behavior in the shelter, stating:

Just a lot of people. We're used to it just bein' us. There's a lot of people. Lots of kids. Lot of different parenting. Lot of different kid behaviors. And my son seein' other kids' behavior and it's like, 'Oh they're doin it!' And their moms, you know, not really acknowledging it. 'Maybe I can do it.' Well. 'Nope. We're not doin' it that way, Da'Shanta. We're gunna do it the way we've be doin' it.' So, he'll see a kid and he'll try to pull the same. He won't do it that exact moment, but later on that night or the next day. I'm like, 'No no no! We're not doin' that!' That's not what WE do.

This mother expressed her frustration with a range of experiences within the shelter that she perceived to impede on her ability to guide her son's social and emotional development and to be consistent with her parenting values. For instance, she talked about the shelter rule around sleep, sharing that on the weekends her son liked to sleep late when they lived at home, but at the shelter, she was forced to wake him early. She said:

I had a schedule. I come here. And it's like, oh it's all jacked up! Cuz at first when you're in the emergency shelter. You have to get up at like. I think its 8... But when it's like the weekend. Saturdays when the kids know they don't have school, they want to sleep in at least till 930 or 10. Sometimes they'll make you get up and it's like, 'But my child's still asleep!' So, I was like. 'I'm not gunna wake my child up! Period.' I'm not gunna wake him up because he had a long week at school and he's tired.

Likewise, another mother, Judy, reported on her worry about her young son learning aggressive behavior when he attended daycare at the shelter. Her sentiment was echoed by other parents in the shelter. She shared:

Um, when there is daycare. It's very rough because it's like the older kids through younger kids are together in this room. And I've noticed some of the older kids are not so nice to the littler kids. And I wish there was a way that they could have two separate daycares because like, the older kids are teaching the younger kids to act bad and be mean. And I don't want my kid to be like that. I try to teach him the right way and I try to teach him to be nice to other kids and those kids that are older are teaching him to be mean and he's being mean to other kids that are younger than him. And it's very frustrating because I don't want him to become a bully.

At the family shelter, parents are required to attend weekly meetings when staff members review rules and address conflicts among residents within the building. Parents reported that they feel stress when they leave their children at the daycare during the meeting without knowing the care providers or how the children will be managed. Some wished that the children's fathers could come to the family shelter to care for the children instead of leaving them with strangers who volunteer in the daycare room. Fathers are not allowed to stay in the same area of the shelter as women and children. To arrange for fathers to care for their own children, some mothers reported that they were asked to create a formal contract between the father and the shelter. Consequently, fathers were unavailable to alleviate mothers' caregiving duties or to participate in key parenting activities such as bathing and bedtime. This separation was a focus for some families as

they hoped to maintain their family relationships after they became homeless. The father who participated in the study explained:

It's kind of separated you know, uh and like [if] we could change something and you could bring like, you know, like if the father came. You know like have an area where you know. I could be. Like with my son. Or like. With the kids. You know what I'm sayin' because um, the mother can be with their children. You know, uh. Like I know. It's like. he needs a lot of time with me you know, too, you know so like. It's kinda like. She has to be up all night you know and um. I understand like. You know. Women are. I mean it's not really family shelter over here you know cuz it's like the women are in there with the kids.

This father noted that his son needs to spend time with both parents and not just with his mother. He also highlighted that by separating families, women are responsible for much of the childcare while men are left out, an idea that is repeated throughout the data.

Challenges in Parenting. The emotional toll of parenting in shelter was evident in some parents' talk about the challenges they faced in providing for their children. One parent, Mary, articulated the emotional aspect of parenting during homelessness with a story about her inability to pick up her child from school when he was sick. Her talk is an excellent example of the collective talk around emotions in parenting and the difficulty of upholding parenting values with little means. Mary tearfully recounted the time when her child's school called because her son was sick during the day and needed to go home. She said:

It was horrible. Because when my son got sick the other day, I don't have a vehicle. Guess what? They're like, 'Your son vomited' [and] they were like, 'Come get him.' I don't. I think they thought that I was joking. That I was staying here. Cuz they even called the shelter... she called HERE! And then down in the office they were like, 'Um. Do you have any way to go get him?' I'm like. 'You guys know I don't have a car! And you guys know that they come and they pick him up in the morning.' So, I kind of was like. It was a horrible feeling because the school called THEM to tell THEM, 'Hey is there a way you guys can have a taxi go pick up HER kid?' And they're like. 'We don't have one.' Like you know. And it was THE UGLIEST FEELING IN THE WORLD. Ya. So, it was a ugly feeling. It was a ugly feeling.

Mary talked about her feelings for her children and her desire to be a responsive mother while she also expressed limitations in her capacity to perform mothering care in the way she wanted. Mary repeated the phrase “The ugliest feeling in the world” nine times during her interview, underscoring the impact of that experience on her as a mother. Another mother, Layla, talked about the emotional aspect of becoming homeless with a young son and then parenting in shelter without a strong social network. She explained:

My first thought was. Oh my God! They are going to take my baby away from me... And that's why we never came to the [shelter] before. Because I was so afraid that people were going to say that I was a bad mom and then the state's gunna take my baby.

Once at the shelter, she felt overwhelmed trying to balance multiple requirements such as applying for housing, finding a job, and enrolling her child in daycare, stating:

Um. Well. There's a few people that I'm close with here. But you know they have kids of their own so I try not to. You know. Ask anybody to watch her. Because I'm afraid of putting too much on somebody. Because this is already just a stressful time.

Layla also shared about her two-year-old daughter's aggressive behavior and expressed concern about her ability to address that aggression, stating:

Like Ava, she likes to hit me. And only me. She doesn't usually hit her friends. Or her daddy or grandma. Just me. And we don't know why. She [the visiting nurse] said there is not a lot that we can do about it right now because she. She isn't quite understanding that it's not ok to hit because other friends do hit her. She's never the aggressor with other toddlers. But. And. Being here. She has seen other children hit their mothers. This one kid even broke the front window. The front door because he was mad at his mom. They had to leave that day. It was not a good thing.

Layla sought help to improve her parenting through a visiting nurse program when her daughter demonstrated aggressive behavior and yet, that nurse did not offer further mental health treatment or suggestions about how to understand Ava's behavior in context. Here, there was a missed opportunity to provide supportive care that could have capitalized on Layla's desire to bolster her parenting skills and improve Ava's social and emotional development.

Together, this talk signifies that parents want to support their children and uphold family values, but they are challenged in doing so because of minimal formal and informal support. This theme around disparities between parents' hopes for themselves and for their children and their parenting capacity, was strong throughout the data.

Theme 2: Acknowledging the Child's Thoughts, Feelings, and Experiences

Nine of the parents shared observations about children's preferences as well as their understanding of how children experienced the transition to homelessness and to life in the homeless shelter. Some of the parents narrated from the child's point-of-view such as one mother who imagined her child was confused the night they moved to shelter, thinking, *'I don't know what's going on.'* Other parents imagined how their child experienced the transition to the shelter, such as a mother who talked about family separation, stating *"So he [child] was like, mad that his dad was not here. It was definitely stressful."* These utterances demonstrate parents' knowledge of their children and their ability to 'keep the child in mind' as they adjusted to the context of the shelter and to shifts in family routines.

Knowledge about the Child's Preferences. Parents used short comments, often woven into larger narratives, which demonstrated knowledge of their child's preferences and their attention toward the child's inclinations. For instance, parents made statements such as *"she likes to climb all over and color anywhere"* and *"the daycare lady. I mean she's really good with them. My boys are comfortable with her"* or *"He loves oatmeal. So, we go because he'll eat it."* These simple statements indicate that the parent observes the child and make inferences about the child's experience and in some cases, how the child's experiences might be impacted by homelessness. For example, Susan shared

about her typical day at the family's apartment before they became homeless, talking about the activities that were part of their routine. She said:

He. Uh. Just. Um. Not being able to run around. He likes. My child likes to come home and strip out of his clothes [Laughing] and walk around in his underwears and socks. And he can't do that here. I'm like, 'Well!' He's like, 'Mom!' You can't do that here.

Other parents made efforts to offer their child items and activities in the shelter that they enjoyed at home to make them more comfortable. For instance, one mother noted that prior to moving to the shelter, she lived in a tent with her two young children. She said of their camping, *"they actually like it a lot...and it wasn't hard for them to sleep either."* At the shelter, she bought her children a small play tent so that they could pretend to camp on the bed in their shared room.

Taking the Child's Perspective. There were several instances when parents tried to imagine the experience of homelessness from the child's perspective, making attempts to understand what the shelter might be like for a child and how shifting routines in the shelter could challenge children, particularly with respect to their development. One mother talked about her intake process and explained that, because her daughter is a toddler, she had limited time to complete paperwork. She stated, *"she gets, you know, tired of it in there [a small office], moving on to the next thing."* Other parents reported similar thoughts, considering how changes in the child's daily routines might be difficult given their age and ability to understand their circumstances. For example, several children at the shelter used taxis to get to school, even very young children. Shelly, a

mother at the shelter, worried about whether her daughter would feel safe traveling in a taxi without a parent. She said:

There's another girl here who actually goes to the same school so they ride the bus together and they ride the taxi home together. So, that's nice that at least's someone that she can know is getting on the same bus.

Shifting family routines due to expectations at the shelter for parents and for children was difficult for some families, and particularly for young children. Shelly talked about disruptions to her child's bedtime routine related to the shelter's rules around family separation. She explained that because her child's father was not allowed to stay on the family side of the shelter, her child had problems settling to sleep. She stated:

"I literally rocked him [child] for like four hours because usually, like we put him to sleep together. And so um. It was like four hours. Like we went to the bathroom and I rocked him. We came back and I rocked him, and like, I was just like, 'He's gunna wake up!' There's another. It's a. There's a three-year-old in there. And so I'm like, 'He's just gunna wake her up!'"

Parents also expressed concern for children's mental health and wellbeing, talking about the ways in which homelessness might impact emotional health. Five of the parents stated that they wanted access to child-specific assessments, therapy, and parenting support as they navigated homelessness in the shelter as parents with young children. Mary stated that she knew her children were experiencing emotional problems related to living in the shelter, sharing:

Uh. Ya. Actually. It was a little bit awkward for the kids cuz they never kind of... I had to kind of explain a little bit. Kind of why we were here. You know that we would be ok. And we'd get out of the situation. And I go, 'well we'll find a home and stuff.' Like there. It kind of calmed them down and they went to sleep ok.

Mary went on to ask her family support specialist (from an agency outside of the shelter) about finding a counselor for her children:

I talked to the YES lady actually about it and I said. 'Do you know anywhere we can go to have like therapy? You know have like me and my kids talk?' You know. Things like this, because you know we've gone through things and, some people may not see this as a. as a. as a impact. But it, it does. It really does. And I don't think people realize it because you know. Oh. As adults, it's just like- it's a thing. But kids see things differently.

Similarly, Elizabeth, the mother of eight-month-old Livvy communicated her desire for more assessment and intervention with young children at the shelter. She talked about the lack of opportunities for children to process not only the experience of homelessness, but the potential problems that caused the family's homelessness. Elizabeth said:

"When they come here, they assess us, as adults and as moms, but having somebody like that knows about kids that assess kids you know, you know and that. Because, because they look at us as like a parent, like at our personalities, they look at us as where we started and we're going and what we're doing but they need to look at the kids too and kind of assess them and be like, 'Ok, this kid needs more help because of this' or, you know. ..And sometimes people that come

here come here from worse, worse backgrounds...Ok, the mom has this issue, you know the mom needs to do this, but the kids, we don't, we don't know what they come from. Like maybe, maybe something happened to them that you know...Cuz they don't talk about that, you ask us a lot about US but not about THEM."

Other parents noted differences in their child's behavior when they entered shelter but were uncertain about how to address those changes. For instance, Emily reported that her five-year-old son, Ben, displayed challenging behavior each time the family stayed in shelter. She said,

I think for Ben bein' the way he is right now is just because we are here. Because he did the same thing when we were in Idaho. We ended up having to stay in a shelter there, too. But there, they had a family side where the guys could stay with their families and he did the same thing there to both of us. And he picked up cussing. And he was only four. And we got here. And it was like. dude. No. No more. And he's only done it once since we've been here.

Another parent explained how she talked to her young children about staying in the shelter temporarily, imagining that they felt the experience might never end. She addressed her perceptions of their experience by helping them look to the future and anticipate finding a home saying:

They all know that we're going to get a house soon. They're hoping we get one. They all want one. So, they can get their own rooms. And run around. And play and not be stuck next to mommy the whole time we're here.

These instances in the talk indicate that some of the parents kept the child in mind as they navigated homelessness and that they did this despite stressful living conditions

and a lack of resources. In doing this, parents demonstrated an awareness of their children's experiences, potentially increasing their capacity to provide more attuned and responsive care just when children need such support.

Theme 3: Concern for the Child's Health and Safety

Ten parents talked about their concerns for the health and safety of their children while they lived in the family shelter. Specifically, parents reported that the space and accommodations within the shelter created safety hazards for young children and that their lack of transportation options for young children to get to and from school was concerning.

Shelter Space and Accommodations. Parents worry about how to keep their children safe within the shelter where there is limited access to child-specific equipment (e.g., pack-n-play, walker, etc.) to keep children safe while parents are busy with tasks and chores. Almost 70% of the talk within this theme related to daily activities including sleeping and working, and to concerns about children "escaping" from the shelter. For instance, Judy, the mother of five-year-old Alex, explained that her son left their shared sleeping room at night multiple times because there was no lock on her door. Alex wandered the halls and one cold night got stuck in the front entrance. Judy did not know he was missing until much later. She said:

Um, actually he would escape down the hall to go to the lobby and [he] escaped one time and actually made it between the two doors that go in and out of the building. And I didn't know about it. And like by the time I got him back, he was like so cold because he didn't have shoes or socks on and he didn't have a jacket on. So, he was in his pants and his short-sleeved t-shirt. That's it. So, he. I think

he might-a-been out there in between those two doors for probably a half an hour and I didn't even know...He pushed the door and like when he got in the area, he can't escape the other because you have to push the other one. Ya. And so, he tried to get back inside and he couldn't get back inside. So, he was just sitting in there and someone finally seen him.

Judy added that she tried to contain Alex using furniture from shelter with limited success:

Yep. He sleeps in the bed with me. Because now, he's escaped everything that I've put him in. The stroller, the pack/n/play, I can't keep him in anything. And so, he was always taking off in the middle of the night. And he would like, try to go outside. And so yes, it's been very stressful for me.

Other parents noted concern about how to keep their children safe throughout the night when they lacked bedroom furniture. For instance, Layla moved the bedroom furniture to keep her two-year-old daughter, Ava, safe at night. She said,

[There are] two sets of bunk beds and a single bed. I have one of the bunk beds pushed up against the single bed. And that's where me and Ava sleep cuz she likes to escape sometimes... On our door, the deadbolt doesn't lock and even if it did, once you pull that handle down, it releases anyways.

The rules and expectations within the shelter create a challenge for parents with very young children. Robin, who cares for her 16-month-old daughter Raya in the shelter, explained that the shelter has a double standard for mothers. During the day, parents are required to complete tasks to stay at the shelter while they are also required to be with their children at all times. Robin described the chores as “rent” that you exchange for a

bed and yet, the shelter has no regular daycare or safe spaces to leave children while parents do the chores. Robin struggles to finish her tasks when she must also care for her daughter. She explained:

For anybody who have younger kids. Younger than five. Because if they're five. You tell them sit down. Give them toys to play with, and you go and come back. But for them [very young children], they don't know this. They can just jump off the bed thinking like. 'Oh! I can just get down by myself. Ya.' And then when they get injured. Like. 'Oh! the mother, she's negligent, she's not paying attention!' You know. But they have. They don't have anything safer for them to utilize. You know. Like there's no playpen. There's nothing for them like. Anything for us to help us keep them safe while we doing our chores you know.

Getting to School. The school district that serves this family shelter coordinates transportation to and from school for children who experience homelessness. For some children, the district relies on taxi services when busses are not available. Three of the parents reported that they worried about placing their young child in a taxi without accompanying them. Emily shared:

Well at first it did scare me a lot cuz I didn't know if they were going to get him there or if they were going to take him somewhere else. And the only bad part about that is parents can't go with the children unless they pay. And we can't exactly take a cab ride there and back.

To address this concern, some parents drove their children to school if they had a car and others called the school after the child left to ensure that they arrived safely.

Transportation to and from school and other community buildings was a shared concern as only two participants had access to a working vehicle.

Parents offered suggestions to change the shelter rules, offerings, and furnishings to make the space welcoming and safe for children and parents such as providing regular daycare and transportation and modifying chore duties so that some mothers care for children while others clean. Across participants, parents shared that keeping children safe added stress to their daily and nightly activities.

Theme 4: Connecting the Child's Thoughts, Feelings, and Experiences to Parenting Strategies and Behavior

About half of the parents made explicit references to how they adjusted their parenting strategies and behavior to respond to the child's thoughts and feelings or anticipated thoughts and feelings. Parents used their knowledge of the child to inform parenting decisions about when to enter shelter, what services or activities might help the child adjust to the shelter setting, and how they imagined the experience of homelessness might impact their child's physical and emotional health. About 80% of the talk that fit within this theme was also coded as *parenting; strategies* or *parenting; instrumental care*, indicating more complexity in parents' thinking as they considered their child's experiences and needs in making parenting plans and decisions.

Making Plans to Accommodate the Child. Parents thought about how to make the child's transition to the shelter environment less disruptive to their daily routines and how to prepare for what the child might need at the shelter. For example, Elizabeth (with an eight-month-old and a six-year-old) realized that she would become homeless months before the family lost their apartment. Elizabeth struggled with a divorce and, although

she had a “good job” prior to the shelter stay, she could not maintain her job while she also attended to her three children, met the legal requirements of the divorce, and had low social support. Elizabeth shared that she was emotionally exhausted and hopeless before she left her job to live at the shelter to find assistance with rebuilding her life. Elizabeth’s mother and sisters had stayed at the shelter prior to Elizabeth’s homeless episode; during that time, Elizabeth took her six-year-old daughter, Livvy, to visit the family in the shelter to familiarize Livvy with the shelter’s environment and rules. Elizabeth shared:

Yes. Ya. So, they stayed here for a month. So, I was like. And you, I was like okay so now grandma’s there. So my sis, they had their own rooms, so Liv would come and hang out with my mom so so. It was good for her to. To kinda know the place before which is good because I didn’t want her to be like, ‘What is this place? Who are these people? What are we doing here? What do we do?’ She knew the rules. She knew you can’t do this. You can’t do that. So, she was already, you know, before we came, she knew what to expect and I and I know she will do what’s expected of her.

By attempting to understand Livvy’s personal experience of the transition to the shelter and taking steps to address those anticipated feelings, Elizabeth prepared Livvy for the move instead of allowing her to face a “big shock” when the family lost their home. Further, Elizabeth made plans to keep Livvy in her home school and to drive her to and from school rather moving schools or using the bus. She explained her thinking:

I have a car and I was like, I’m gunna take you. I’ll just drive you. I. You know, there’s busses that pick [up] the kids and it would have been so much easier for me to just be like, ‘get up, get ready, go wait outside’ but I don’t want to. I want

her to. You know. I, being in Florida before I came here, I went seriously to like. I seriously went to like ten elementary schools and I hated that. Because I never had. You know. Friends. Ya. And. So, I didn't want to do that to Liv.

Once at the shelter, some parents created plans to help their children adjust to new shelter rules and routines. For instance, one mother with three young sons reported that her children stayed up late when they had an apartment. At the shelter, they had to go to bed early. To help them, she took them outdoors:

Oh ya! My boys. I mean they usually like to stay up kind of late. They don't sleep that good. But um. Once I started letting em play outside. You know. I figured. Just kept them bundled. And let them run around and it really wore them out. They loved. I mean. They play outside. We have a room now and they still play outside.

Daily Activities. In addition to using their knowledge of the child to make plans and to guide parenting decisions, parents talked about making small adjustments to their daily activities in accordance with the child's general preferences and customs. Five of these comments related to eating, sleeping, and toilet training. Susan, a mother with a five-year-old, talked about navigating the bathroom and shower area so that her son had enough privacy to feel comfortable. She said:

And then you know. Little girls. They'll come in and go to the bathroom. So, my son kind of feels like. So I'm like, 'This is what we're going to do. There's a curtain. You're going to get undressed in the bathroom stall. You gunna cover yourself. We're going to have the water running. Your gunna hop in the tub. I'm gunna cover it up with the curtain.'

Susan explained that she timed the shower to take place when the shelter was mostly empty, and she reviewed the plan with her child before he used the shower. In doing that, Susan communicated to her son that they could create privacy to bathe. Other parents described problems with the quality of their children's sleep due to the shelter environment such as Robin who said that:

It's kind of hard with her because she come from a place that we have her own room. She have her crib and then she can play with toys, but we come to this space. It's crowded with people and then a lot of noise, so she was a little agitated. She was crying a lot because it was. She a light sleeper. Anything she hear she'll wake up. So, it was kind of hard for her.

Robin understood that the conditions of her child's environment contributed to her poor sleep and as a result, she described attempting differing approaches at bedtime and naptime to help her daughter rest. Another mother, Brooke, shared that her young children enjoy storybook reading. To help her children sleep at night, she collected books from the shelter's donation center to have on hand for bedtime. She stated:

They have tons of books...Oh ya. I always read...Yes. And I try to switch them out every now and then... There's a little Over here. Like the Donation Center and stuff. Like where they have the donations. Since I've read them all the ones out there, they let me switch em out and trade em out. So. I've read probably like, 15 books in the last three nights cuz we started doin that and my oldest just loves it when I read. So, before bed we'll read about six books. Like last night. We read about four or five before bed. And they laid down.

There was evidence of reflection in parenting as well as making connections between reflections and behavior within this talk. Parents created strategies as a function of their perceptions of their child's internal experiences to make the shelter more tolerable and less stressful for their children. Much of this reflective work was built around daily care and routines that included addressing the child's basic needs, managing the child's time in the shelter, and planning ahead.

Theme 5: Knowledge of Child Development

Six of the parents made references to their understanding of children with respect to development and how the shelter's practices sometimes contradicted children's needs. Parents referred to age differences among the children in shelter, observing that when the young children were placed in the same area as the older children, there were problems with behavior and aggression as well as inadequate opportunities for children to learn. In addition, some parents referenced 'what children do' when they explained that adults who stay at the shelter should be more empathetic to children's needs.

Shared Spaces. One room within the family shelter is dedicated to children's play and learning. Volunteers staff the room at irregular times so that children can play and parents can take a break. On certain nights, when the shelter has meetings for parents, children of all ages attend this room together. Parents expressed specific concerns about this arrangement, stating that young children are harmed when the room is crowded and when age groups mix, for example:

Like I just wish there was two different daycares where there is younger kids in here, obviously, there's all kinds of little kid toys. But when it comes to the older kids, I wish there was a different area for them because them being put together,

it's like, they pick on the little kids. And they beat up on them and I don't like that.

Likewise, parents suggested that shelter staff members should consider children's ages when making decisions about families rooming together. Robin said:

And plus, they put so many different age group [in a room]. There were two boys. Two girls. The girl that was with her mom, she was five years old, and she's [Robin's daughter] a year, a year and four months. And other boys came. And one was 14! We were all in the same room you know. So. They want to watch video games... And they just play. You can't tell them they have to be quiet you know. They're kids! They're playing, but then it's going to be hard for her because she's not going to be able to sleep.

Parents suggested that modifications to the shelter's practices could improve the conditions for children and for parents. Mary, a mother, added that adults in the shelter, including staff members, should remember that children have unique needs and that those needs do not disappear when families become homeless. For example, children are not allowed out of their rooms after 9 pm. Mary said that this curfew is difficult for her children (age six and older) because they wake at night thirsty or hungry but are unable to leave the room or to access food after 9 pm. Mary also observed that adults at the shelter are sometimes intolerant of children, talking specifically about hearing children play or babies cry. She stated:

People make little comments. I've seen little things like where my kids go through the hall and they [other adults] are like 'Oh great, here come those kids!' You know, little comments like that. And you know what. And I'm. And I'll tell you

somethin' [whistles]. You get upset cuz you're like 'They're kids! They are kids.'
Or like. 'That baby. I heard that baby cryin' all night.' Oh man. I'm like. 'Look.
We're all. It's it's it's a baby! We're all in the shelter. We're all tryin' to survive.
We're all on the same boat here!'

Collectively, parents' statements about their own child's needs and about the general needs of children at differing developmental stages signify their awareness of development as an important consideration in parenting at the shelter and as a possible guide for adjusting shelter policies around children.

Theme 6: Possible Distortions in Reflection

A small set of parents ($n=4$) presented mixed reflections around parenting; they made statements about their child that indicated an understanding of the child's experience while they also made statements that implied a potentially distorted view of the child's mental state. For instance, one mother expressed her distress at being separated from her husband in the shelter and yet, indicated that her two-year-old son was unaffected by his father's absence. She stated:

"It's very stressful, it's hard on ME, you know, when he asks for his daddy and I don't know what to do...Ya, it's more ME. Ya, because I'm going from being around my husband all the time, having the help, being able to sleep next to him, you know...it doesn't seem it's been a whole big toll on HIM [her child] so much."

This mother made five statements that suggested possible limitations in her capacity to accurately interpret her child's behavior in the shelter such as when she suggested that her child might have Bipolar Disorder because of his behavior even

though he was only two years old and because she was diagnosed with Bipolar Disorder.

She stated:

I also have Bipolar and I'm wondering if that is another thing he might have because his moods switch so quick and it's like a firecracker set off or he'll be fine and happy. And like, he'll go from happy to yelling at me. So he, he has a little bit of a anger problem. I know that. Cuz he'll sit there and when he gets frustrated, he'll start hitting himself in the face. And it's like, 'Will you stop hitting yourself? You're going to hurt yourself!' Or he'll bite himself. He'll bite his leg, or his arm and he'll do it out of anger. And then, it's also, he'll do it to me. He'll pinch or bite me, a lot. He hits me and it, it hurts. Earlier, he hit me, um on my back. And I was trying to stretch my back out and he just, bam! And it hurt so bad, and I already have back problems. And so that didn't help any. Um, but there's times that he'll head butt me. He done it to me a couple times in my jaw. And it swelled up. So, there's a couple things that I'm kind of worried about.

It is important to note that in addition to distortions in reflection, this mother's talk also included statements that demonstrated more appropriate reflections on her child's internal emotions. Prior to living in the shelter, she lived with her mother who used harsh care toward the child such as yelling at him when he struggled with toilet training. This mother explained that she left her mother's house because she worried about how her son was impacted by his grandmother's treatment of him. She shared:

Um, my mom was always yelling at Alex. And it was over like the smallest things. I told her to baby-proof her house and she wouldn't do it. So, my son kept messing with things and she would always yell at him. So, I got tired of that and we like

stayed in the bedroom. Where we had a TV and we would watch movies in there and keep him from being yelled at.

Thus, this mother used mixed talk about *reflections* where it was unclear whether she was able to accurately interpret her child's emotions and behavior. This mother recognized that there were problems within her family system, but she did not know how to get help or how to address her son's behavior. Two other parents made comments that suggested possible misattributions about their child, evidencing the possibility of a subset of parents who might have less reflective capacity and need specific and timely attention to their parenting.

Complexity in Reflective Talk

Parents' reflections about their parenting and about their children ranged from simple expressions of affection (e.g., "I love her.") to more complex statements that included parents' thinking about their child as well as thinking about many other factors related to family homelessness. Across the 149 stretches of talk that were included in the *reflections* category, 78% was also coded with another category or sub-code. Some of the talk was coded with up to three different categories with multiple sub-codes, demonstrating that parents' reflections related to the broader context of sheltered homelessness. For instance, Brooke, who moved to the shelter with her three young children after she was evicted due to acute medical illness and job loss, talked about her thinking around her son's behavior in the shelter. She shared:

Sometimes it's a little hectic cuz of all the people. My kids aren't used to being around so many people. So. I mean. Sometimes they get overwhelmed. And my oldest. Um. He has ADHD really bad. So sometimes he has little outbursts. But

um. You know, it actually keeps me, I think, pretty leveled because it keeps my mind busy and I'm always doing something. And I get to do more with them since we're here. You know. There's not much to do here without mom being with them. And um. I think they like that one-on-one time. So. It's kind of a positive and a negative.

This talk was coded as *parenting* and as *shelter living* with multiple sub-codes including *shared space*, *managing behavior*, *adjustment to shelter living*, and *child's mental, behavioral, and physical health*. Here, Brooke considered her son's medical diagnosis, her relationship with her son, and the larger context of the shelter environment as she made sense of her child's behavior. Brooke's talk illustrates more complexity as she uses multiple factors, proximal and distal, to inform her understanding of her family relationships and of her son's state of mind.

Talk that was cross coded between *reflections* and other categories and sub-codes was mostly about *adjustments to shelter living* ($N = 34$), *instrumental care* ($N = 29$), and *parenting strategies* ($N = 27$). There were also cross-codes between *reflections* and *shelter activities* ($N = 23$), *resources* ($N = 12$), *wishes for the shelter* ($N = 10$), *fathers* ($N = 7$), and *reasons for coming to shelter* ($N = 6$). These intersections illustrate that parenting amid homelessness and within conditions where parents have little control of the environment are complicated and that parents' thoughts about their parenting are interconnected with many other factors such as in Brooke's explanation of her child's outbursts.

Aim 2: Parsing Variation in Parenting Reflections

There was meaningful variation across participants in the frequency of talk around parenting and parenting reflections and in the rate of reflective talk. Notably, there was some consistency in the frequency of parents' talk across parenting topics and in the frequency and rate of reflective talk.

Frequency in the Talk about Parenting and Parenting Reflections

As shown in Table 5, all parents made at least one statement about parenting and about parenting reflections. The frequency of talk about parenting ranged from 1 to 51.

Table 5

Frequency of Parenting Codes by Participant (N = 16)

Participant	R	D	ST	IC	MPH	S	Total
1	19	1	5	13	6	2	46
2	2	0	4	2	0	0	8
3	12	0	11	6	1	0	30
4	11	0	10	6	2	1	30
5	5	2	5	5	1	2	20
6	3	0	5	0	0	1	9
7	14	0	13	9	5	0	41
8	12	0	5	3	2	0	22
9	2	0	1	4	0	2	9
10	9	0	5	8	1	1	24
11	1	0	1	1	0	0	3
12	2	0	1	2	1	0	6
13	15	5	6	11	7	7	51
14	14	0	8	10	2	9	43
15	19	0	9	2	5	1	36
16	0	1	0	1	0	0	2
Total	140	9	89	83	33	26	381

Note. R = Reflection, D = Distortions, ST = Strategies, IC = Instrumental Care, MPH = Mental and Physical Health, S = Safety

Half of the parents had more than ten stretches of talk that were coded as parenting reflections. These parents also had more frequent talk about other parenting

topics including parenting strategies and instrumental care. There was one exception to this pattern with a mother whose talk about reflection accounted for more than 50% of her overall parenting talk. She spoke frequently about her thoughts and emotions around parenting and her child and yet, spoke less frequently about her instrumental care.

Duration of Reflection across Participants

Duration of reflection (including Possible Distortions in Reflection) was measured in seconds and ranged from 0% to 38.8% of total talk time with nine parents spending more than 15% of their time in reflection (see Table 6 Duration of Reflection by Participant). Parents with a duration of reflection that was 15% or greater were grouped as high duration of reflection and those under 15% were grouped as low duration of reflection. This difference between high and low duration was generated from the data rather than a pre-specified cut-off. In other words, the group differences emerged from the data, where about half of the participants had a duration of reflection that was more than 15% whereas the other half were lower than 15%. It is important to note that parents in the high duration group were not necessarily more capable of reflection, they simply had more reflective talk. Similarly, low duration of reflection does not necessarily mean low capacity for reflection. It means that those participants had a lower duration of reflective talk.

Table 6*Duration of Reflection by Participant (N = 16)*

Participant	Duration of Reflection	Total Duration	Duration
1	504	2448	20.59%
2	34	1004	3.39%
3	185	1472	12.57%
4	268	1493	19.45%
5	178	1378	12.92%
6	13	738	1.76%
7	264	1662	15.88%
8	420	1776	23.65%
9	36	566	6.36%
10	216	1336	16.17%
11	40	263	15.21%
12	*	*	0%
13	636	1639	38.80%
14	304	1839	16.53%
15	496	3303	15.02%
16	1	1696	0%

Note. * = Missing data. Duration of reflection includes reflections that were coded as possible distortions in reflection.

Reflection Frequency and Duration. Parents with a higher frequency of reflective talk (> 10 stretches of talk) did not necessarily have higher duration of reflection (> 15%). For example, the father in this study had three total stretches of talk about parenting and one coded as reflective talk; his reflective talk accounted for 15.3% of his total talk. His reflection related to his desire to spend more time with his son and the ways in which the shelter limited his ability to fully participate in the parenting role. His frustration with the shelter's rules around family separation was the focus of his overall talk.

In seven cases, there was congruence between the frequency of reflection and the rate of reflection. Interestingly, the mother with the highest rate of reflection (38.8%) also

had the highest frequency of parenting talk ($N = 51$) the highest frequency of reflective talk ($N = 20$) and the highest number of possible distortions in reflection ($N = 5$).

Likewise, the mother with the lowest rate of reflection (0%) also had the lowest frequency of overall talk about parenting ($N = 1$) and talk about reflection ($N = 1$).

High and Low Duration of Reflection. Parents with higher duration of reflection ($> 15\%$) focused on their children's experiences of the shelter, often weaving comments about children throughout the interview. For example, Robin came to the shelter with her eight-month-old daughter after living doubled up with family in a nearby town. Robin is a refugee with a history of regular employment in a professional capacity prior to her shelter stay. After her daughter's birth, she left her employer to live with siblings, seeking support. When she perceived that she was a burden to her family, she moved to the shelter. She said:

For me to come here stay instead of staying with my brothers and sisters. They can help me, but I feel it could be too much on them. Like this is their space and their place. You know. So it's just better to come here. Try to figure things out. And they have people that professionally can come here on site and try to help you get back on track. So it's maybe much better than being with siblings I think. It's just my own. Feeling. You know.

After arriving to the shelter, Robin looked for high-quality early care and education for her daughter. Her planning centered on her daughter's ability to access care and ensure stimulating educational experiences. Robin looked for a daycare that was, "A little more professional. Gunna help them maybe to start school in the future." Parents

such as Robin, who talked about their children or children in general even when they were asked about other topics such as resources, evidenced their ability to keep the child in mind and to support them as they made plans to navigate out of homelessness.

Contrary to parents with higher reflective rates, those with lower rates (< 15%) contained their reflective comments to a single or few sections of their talk. In other words, those with lower duration of reflection only spoke about their children during portions of the interview rather than throughout the interview. For instance, Sam talked about her children when she was directly asked about them and even then, her responses were brief whereas parents with higher duration of reflection provided context around their family relationships when they answered questions. One example of this came from Susan with a high duration of reflection who was waiting for an opening at a domestic violence shelter with her five-year-old son. When she was asked for suggestions to improve the shelter, she first provided information about her child and their relationship before she suggested that the shelter could be more “*home oriented*.” She continued with talk about her child including what he likes to eat and how she struggled to feed him at the shelter where there were few options for nutritious food.

Aim 3: Exploring Alignment in Parenting Reflections and Protective Factors

This third aim of the research is focused on integrating the qualitative data with the quantitative data to find instances of alignment or misalignment and to generate new understandings of parenting reflection stemming from data integration. There were inconsistencies between the ways that parents described family-related protective factors in their talk and how they rated themselves on a quantitative survey about these same protective factors. The factors included *Family Functioning/Resiliency*, *Child*

Development and Knowledge of Parenting, and *Nurturing and Attachment*. Differences were particularly pronounced when comparing parents with high and low rates of reflection.

Protective Factors

Parents completed the Protective Factors Survey, PFS, in addition to completing interviews about their family's experiences of coming to the shelter and talking about the resources that they used. The purpose of the PFS is help providers in the field quickly identify protective factors as well as areas to intervene to promote family functioning. There are five protective factors included on the PFS; I analyzed three of the factors for this study including Family Functioning/Resiliency, Nurturing and Attachment, and Child Development/Knowledge of Parenting. Table 7 displays the means and standard deviations of sub-scores on the PFS. On average, parents reported a high degree of *Nurturing and Attachment* in parent-child relationships and the greatest range of scores in *Family Functioning/Resiliency*.

Table 7

Protective Factors Survey Responses (N = 16)

Scale	M	SD	Range
Family Functioning/ Resiliency	5.66	1.25	2.6-7
Nurturing and Attachment	6.52	.96	3.5-7
Child Development/ Knowledge of Parenting	5.86	3.86	4.2-7

Note. PFS responses range from 1 (low) to 7 (high).

Integrating Parenting Reflections with Protective Factors

To better understand how parents' talk about family-related protective factors aligned with self-reports of these factors, I created a joint data display (see Table 8) that integrates the qualitative and quantitative data for three cases that differ in their duration of reflection from high to low. Case One represents a high duration of reflection and consistently appropriate reflections, Case Two shows a high duration of reflection and mixed consistency in appropriate reflections (i.e., includes possible distortions in reflection), and Case Three presents a low duration of reflection and possible distortions in reflection. Case characteristics of the talk around protective factors, a representative quote, and the PFS sub-score are listed for each case and protective factor in Table 8.

Table 8

Integration of Duration of Reflection, Case Characteristics, and Protective Factors Survey Scores (range 1-7)

Reflection Duration	Family Functioning/Resiliency	Child Development/ Knowledge of Parenting	Nurturing and Attachment
Case 1: High Rate/Appropriate Reflection			
23.65%	4.00	5.60	5.00
	Specific examples of problem-solving and detailed narratives of family experiences of homelessness. <i>"I talked to the CATCH lady actually about it and I said, 'Do you know anywhere we can go to have like therapy, like me and my kids to talk?' Because we've gone through things."</i>	Developmentally appropriate expectations for children and frequent mention of children's needs. <i>"I've seen little things like where my kids go through the hall and they're like, 'Oh great, here come THOSE kids.' And I'm like, 'they are kids!' Or like, that baby, 'I hear that baby cryin' all night.' Well look, it's a BABY!"</i>	Strong positive parenting emotions and ability to reflect on children's experiences yet, uncertain about supporting children's mental health during homelessness. <i>"A lot of kids will not open up to a parent because they feel like, 'I'm embarrassed' or 'this is my mom, I'm going to disappoint my mother.' So, it'd be nice to go and talk about it, as a family...we talk about it."</i>
Case 2: High Rate/Mixed Reflection			
38.80%	7.00	5.00	6.75
	High stress and ambiguous statements around problem solving. <i>"It's very stressful, it's very hard on me. You know, when he [child] asks for daddy... I don't know what to do."</i>	Misunderstanding of child development and confusion about providing child guidance. <i>"He [child] like mostly wakes up screaming. I know he's been having a lot more nightmares. Um, he will start crying in his sleep and then he'll like, scream...and it's like I don't even know what to do."</i>	Clear examples of concern about the parent-child relationship and child mental and developmental health. <i>"He [child] will pinch or bite me, a lot...Earlier, he hit me, um, on my back and I was trying to stretch my back out and just, 'Bam!' ...There's times that he'll head butt me...in my jaw and it swelled up. So, there's a couple things that I'm kinda worried about."</i>

Case 3: Low Rate/Distortion in Reflection			
0%	6.2	5.60	6.50
Ongoing family problems, chronic homelessness, and substance dependence/treatment. Independent in finding non-family support.	Little talk about children in general, or about her own children. Talk about children was straightforward.	No direct references to parent-child relationships with the target child. Limited references to older children.	
<i>“Well, last year, we [mother and children] stayed twice [at the shelter],” and were “bouncing around.”</i>	<i>[Interviewer; “Does he [newborn] sleep?” “When he wants to.”</i>	<i>“We switched to formula and he gained weight like no other. He went from six pounds...to eight. So I was like, ‘Wow.’”</i>	

Note. Case 1 is Mary, Case 2 is Judy, and Case 3 is Hope.

As shown in Table 8, Case Two (Judy) rated the highest on *Family Functioning/Resiliency* and *Nurturing and Attachment* whereas Case One (Mary) rated the lowest. Hope (Case Three) rated high across protective factors even though her duration of reflection was the lowest. All three parents perceived their *Child Development/Knowledge of Parenting* similarly rating around 5 (range 1 to 7).

Case Characteristics

Parents described their capacity to provide protection to their family and children through resiliency and positive relationships differently. Mary frequently talked about important relationships with family and friends using specific examples to describe the quality of her relationships, her experiences of solving problems, and her attempts to preserve her parenting even while it was challenged by the shelter environment and by the problems that precipitated her family's homelessness. Her talk was characterized by comments that suggested higher reflective capacity and an ability to hold her children in mind as she navigated life in the shelter. Similarly, Judy talked frequently about her family and children, however, her talk included content that indicated problems in family functioning and disruptions in the parent-child relationship. Judy made statements that suggested her inability to understand her child's mental states and her lack of knowledge around child development and parenting. Even though she had the highest rate of reflection, the content of Judy's talk connoted problems that could negatively impact her child's development and experience of homelessness, thus potentially providing less protection to him.

Hope, with the lowest rate of reflection, talked infrequently about her family and children. Within her limited talk about family, Hope made ambiguous statements around

relationships and problem-solving and at times, indicated that her relationships with other adults and with family involved conflict and negative outcomes. Hope talked of separations with her older children related to their involvement with Child Protective Services and to her substance use. Unlike Mary and Judy who provided ample reflective talk for analysis, Hope gave little information with which to find evidence of reflection or family-related protective factors.

Alignment across Case Characteristics and PFS Scores

There were instances of both alignment and misalignment between parents' talk about protective factors and scores on the PFS. Mary, who talked frequently and appropriately about her parenting and children, rated herself as neutral to low in family-related protective factors. She provided examples of her problem-solving skills and articulated concerns about her children's experiences of homelessness in her talk indicating that she might score herself higher in these factors. For instance, Mary talked about finding a mental health counselor for her children because she imagined that they needed to process homelessness and the problems that preceded homelessness. To meet her children's needs, Mary collaborated with a family professional to locate a therapist. On the PFS, however, Mary reported that her family solves problems, listens to each other, and that she is able to comfort her children when they are upset "About Half the Time" (or a 4 out of 7). Mary's reflections suggest that she is competent in developing relationships within her family and in creating strategies to address family adversities whereas her PFS scores indicate that resiliency and family relationships could be areas of concern for her.

Judy's talk around protective factors included references to problems within her family system, parent-child relationship, and in her ability to resolve problems. However, Judy's PFS scores were high, indicating that she perceives her family relationships and knowledge of children and parenting as healthy. Judy's talk and ratings around protective factors were contradictory, evidencing misalignment in the way that she described protections to her child and the way that she rated those same protections on the PFS. For example, Judy responded that she is "Always" able to "soothe my child when he/she is upset" whereas, in her talk, she gave numerous examples of scenarios when she "*did not know what to do*" to support her child or to provide him comfort. Further, Judy evidenced potential misinterpretations of her child's behavior when she supposed that he had Bipolar Disorder because of mood swings and because she has Bipolar Disorder. Judy reported concern about his development and mental health but an inability to create a strategy to support him. In making such statements, Judy showed her lack of knowledge around child development and parenting as well as her limited capacity to problem solve.

Hope, who had the lowest rate of reflection, rated herself higher in *Family Functioning/Resiliency* and *Nurturing and Attachment* than Mary. Hope's talk about her family was brief, lacked detail, and suggested a history of disruptions in important relationships within her immediate family. For instance, Hope reported active involvement in Child Protective Services with her newborn as well as with her older children. She described few close supportive relationships and was guarded when asked about her family history. Even so, Hope rated her family as capable of solving problems and noted that her family "Very Frequently" addresses problems openly and with fair discussion. Further, she perceived that she "Very Frequently" or "Always" praises her

child, keeps control during discipline-oriented interactions, and feels close to her child. Hope's one comment about reflection was coded as a *Possible Distortion* as she asserted that her newborn infant sleeps "When he wants to." On the PFS, Hope "Slightly Disagreed" that her newborn "misbehaves just to upset me." Together, this information indicates that Hope may need further assessment around her thinking about child development and parenting and that her scores on the PFS may not provide enough information about her family functioning or about her children's needs.

Value Added by Mixing Methods

One main benefit of using a mixed methods approach in research is finding insights that would be missed without integrating the differing strands of data. In this case, the qualitative data provided a rich context within which the quantitative data could be better understood. For instance, had I relied solely on the qualitative data to understand parents' perspectives on their parenting and children, I might have concluded that the parents with high and appropriate reflection would see themselves as competent in parenting and with a strong parent-child relationship. I would have missed that some parents with high reflection actually perceived that they needed more support in their parenting because they observed opportunities for growth and because they 'felt' their children's internal states which, in the case of homelessness, may be distressing.

Distress at acknowledging children's struggles could motivate some parents to seek more help, to rate their parenting as less than excellent, and to continue finding ways to accommodate children to protect them from the difficulties of sheltered homelessness. It could also be that parents who are highly reflective scored low or in the middle range on the PFS because they felt overwhelmed by the demands of homelessness. Parents in

this sample were required to attend to their children all of the time, leaving no personal space or ‘down’ time. In this case, parents’ reflection may be robust, but their perception of their ability to maintain resilience and responsivity may be taxed.

Conversely, the quantitative data might have brought me conclude that the parents who scored high on family-level protective factors did not need more parenting support. Here, the quantitative data could be misleading. Without hearing parents talk about their parenting and about their children, opportunities to understand the family system and find areas for intervention could easily be missed. It is worthwhile to note that parents who scored high on family-related protective factors may have identified other areas where they needed immediate assistance, such as in basic needs or social and emotional support. Beginning where the parent is most motivated to seek help is not a bad idea. However, starting with the parents’ concerns could preclude children from getting immediate attention. In other words, when providers design interventions that are adult-centered, they could overlook children’s immediate needs. Arguably, children need more attention during periods of high stress such as homelessness because they are in a sensitive period of development. Research demonstrates that the adversities they face make an impact across the lifespan, suggesting the critical need to act quickly on behalf of children when there are significant stressors (e.g., Feldman, 2020; Gabard-Duram & McLaughlin, 2020).

Chapter 6

Discussion

This study investigated parenting reflections among parents who lived in a homeless shelter with a young child or children, and how those parenting reflections varied with respect to frequency, rate, characteristics, and alignment with quantitatively derived perceptions of factors related to resiliency. Understanding more about parents' thinking and emotions around parenting and children during homelessness is an important and unique contribution to the literature. By focusing on reflections, this study extends what is known about parenting in homelessness by highlighting not only what parents do to provide care or what they experience in shelters, but how they reflect on caregiving and understand their children's experiences of homelessness as well as experiences more broadly.

Like other investigators (e.g., Mayberry et al., 2016), I found that parents who live in shelter are a heterogeneous group with experiences of homelessness that are deeply entwined with their identity as parents and with their role as caretakers. Uniquely, however, I observed that parents reflected on their parenting and children in shelter, noting that these reflections vary across parents and that they are often complex, involving proximal and distal factors. For instance, some parents reflected on parenting and children even when they were questioned about other topics such as access to medical care or the shelter's rules. For these parents, it seemed that they could not respond to questions without first considering how their child factored in their response. These findings make sense considering the ecological-developmental framework where both intimate relationships and the larger context within which relationships take place

are important for children's development. Overall, this foregrounding of parenting and children signals the centrality of the parenting role among parents in shelter, the complexity of navigating parenting during homeless episodes, and the significance of family relationships and child wellbeing for families facing homelessness.

Parents' focus on their families underscores the critical need for providers to address parenting and children with families in shelter rather than narrowly focusing on material resources or access to housing. Indeed, almost half of the families in this study lived in a single-family dwelling prior to their shelter stay yet, for reasons other than housing such as acute illness, problematic family relationships, and domestic violence, families became homeless. This finding, along with the focus on parenting and children, shows the need for more holistic planning with families in homelessness. Additionally, this study demonstrated the importance of listening to parents' talk about their families in assessing for needs instead of relying solely on self-report measures, or worse, failing to address family-related issues at all. When families enter shelter, they are often dealing with multiple and significant adversities that require collaborative conversations to find a path out of homelessness, thus underscoring the need for comprehensive assessments that include parenting and children.

In the sections that follow, I highlight the unique findings from this study including the importance of attending to parenting reflections and variations in those reflections. In addition, I make suggestions about how these findings relate to practice in the field.

Parenting in Shelter

Some of the themes around parenting reflections that were articulated in this study such as *Hopes and Desires for Parenting and for Children* and *Concern for the Child's Health and Safety* fit well with findings from other qualitative studies about parenting and family life during periods of homelessness. Specifically, other qualitative studies of parenting during homelessness have found that parents lack the support, resources, and autonomy to provide safe and developmentally appropriate environments to their children, and that the context of homelessness (e.g., shelter environment, shelter rules, etc.) relates to parenting strategies and instrumental care (e.g., Bradley et al., 2018; Perlman et al., 2017; Reppond & Bullock, 2020; 2018).

As reported in numerous other studies, I found that parents desire warm and supportive family relationships and they want children to have access to high-quality educational and recreational opportunities, but they face significant difficulties in achieving those things while they live in shelter (e.g., Mayberry et al., 2014; Swick, 2008; Swick et al., 2014). I also found themes around safety and family routines similar to what was reported by Mayberry and colleagues (2014). Parents in this study rearranged their routines and created new strategies to accommodate the shelter's rules and to conform with shelter expectations even when those expectations contradicted their parenting values and priorities. For instance, parents woke their children early in the morning or told them to eat when they were not hungry because of the shelter's mealtimes. Moreover, parents always supervised children and faced restrictions on who could care for children, including fathers. These shelter rules presented serious challenges

to parenting and forced parents to adjust their family practices in ways that were difficult for parents and for children.

The Importance of Listening for Parenting Reflections

In addition to contributing to known themes about parenting during homelessness, this study sheds new light on how parents think about parenting-related challenges in shelter and how they conceptualize their parenting in relation to their understandings of children. Attending to parenting reflections generated original themes related to parenting in shelter such as *Acknowledging the Child's Thoughts, Feelings, and Experiences* and *Connecting the Child's Thoughts, Feelings, and Experiences with Parenting Behavior and Strategies*. For instance, some parents thought ahead to plan for their children's transition to shelter when they realized that they could not sustain independent housing. They engaged in activities such as researching early care providers near shelter, introducing children to the shelter before moving there, and arranging to maintain a child's home school rather than transferring schools. These activities could represent the observable behavior that was motivated by the internal reflections that parents made about their children. It could also be that parents who understood more about their child's internal experiences worked to mitigate as many stressors as possible and thus, provided more protection to children.

Parents shared numerous examples of the ways that they acknowledged their children's internal experiences and how they imagined their children to cope with homelessness given their development. For instance, parents commented that their child was confused when they arrived at the shelter or that they did not understand the shelter rules around bedtime, curfew, and so on. Parents also talked about the emotional toll that

they supposed their children felt in sharing a space with other families and in living with the uncertainty that homelessness entails. Parents made statements such as, “they want a home, I know they do,” or “he didn’t understand why he couldn’t have his dad.” These reflections, even when brief, demonstrated parents’ thinking about their children and showed that parents actively imagined their children’s experiences of homelessness. Reflection in parenting relates to more responsive and attuned caregiving and, further, numerous studies (e.g., Herbers et al., 2011; Labella et al., 2019; Palmer et al., 2020) have shown that responsive or sensitive caregiving buffers the harmful effects of risk on children’s development with respect to homelessness. Thus, these parenting reflections may play an important role in fostering resilience for young children in shelter.

Reflections that signified a heightened sensitivity to children’s internal experiences were conspicuous whereas others were obscure, often woven into longer narratives about family experiences in the shelter. Indeed, some reflections would likely go undetected in studies describing broader experiences of family homelessness. For example, Hope’s statement that her newborn sleeps “when he wants to” may not have particular importance but then again, it could mean that Hope thinks her newborn has control over his sleeping. Regardless, this short comment provides an opening to talk more about what Hope thinks about newborn development and capabilities and how she understands her newborn’s behavior. In other words, reflections may not be too remarkable in common talk and yet, they could be powerful tools in realizing opportunities for parenting development and education. All reflections, regardless of their appropriateness, provided clues about how parents understood themselves and their

children signifying that they could be key in assessing parents for parenting capacity and identifying those who need parenting support.

Parents in this sample placed a high priority on their parenting and on their children even while they thought about how to meet their family's basic needs and balance the multiple demands of homelessness. This focus on the health of family relationships is repeated throughout the literature on family homelessness, underscoring the importance of the family system in addressing housing stability for families. For parents in this study, children were never far from their thoughts and often, those thoughts related to parenting behavior and to parents' ability to manage tasks (e.g., following through with case management, completing housing applications, etc.) required in the shelter. Thus, findings from this study suggest that addressing the family system may be as important as finding a home when planning for families with precarious housing.

Misunderstandings about Children

Parents' reflections were overwhelmingly positive and relevant, demonstrating the potential strengths that they bring to bear on children's resilience-building during homelessness. However, four of the parents (25% of the sample) made statements about parenting that seemed inappropriate, indicating that they misunderstood the child's intentions or behavior or that they were unable to take the child's perspective. As with appropriate reflections, reflections with potential distortions were both explicit as well as subtle, such as when one parent commented that her child "likes to hit me" while she was telling a story about a service she uses. This comment could be inconsequential, or it could explain how this parent understands her daughter's aggression. It is worth

exploring to better understand this parent's frame of thinking and further, her choices around managing that behavior.

Limitations in reflection are associated with insensitive caregiving and poor child outcomes (e.g., Slade et al., 2005; Slade et al., 2020). Parents who are less reflective about their children may use less of the responsive caregiving that protects children from stress and thus, such parenting is less of a protective factor during periods of family homelessness. This is the first known study to document distortions in parents' reflections around parenting and children in shelter and could represent a step toward understanding which parents need targeted parenting intervention when they become homeless. Given the expected rise in family homelessness amid the current social and economic crises as well as the scarcity of social resources, it will be critical to develop methods that help providers determine which parents need more formal interventions. In addition to using standardized assessment tools, asking parents about their thinking as parents and about their understanding of their child could provide information to distinguish parents who may be at risk for providing poor care.

Variations in Reflections

There were several important differences that emerged in parents' reflective talk. Notably, parents varied in the frequency of reflective statements that they made and in the amount of time that they spent in discussing reflections. All parents were asked to describe their family, the experience of becoming homeless and entering the shelter, and the community resources that they used. In addition to providing this information, some parents spent up to 38% of their interview time on parenting topics. This attention to children and families was unexpected given that the initial purpose of the research was to

learn how families use community resources. As the research progressed, however, parents' talk about their parenting and children, and the variations in such talk, became clear and compelling. Some parents seemed to talk about their children at every point of the interview whereas others offered limited information even when they were directly asked about their children or prompted to expand on statements about parenting or children.

Characteristics of parents' reflections diverged in terms of the frequency and rate of reflections. Parents who frequently talked about their parenting also provided more detailed examples of their parenting and more thoughts about their parenting and children that included positive and negative aspects of caregiving. The parent with the highest rate of appropriate reflections repeatedly noted that she did not always know how to promote resilience or bolster her children's mental health as they lived in the shelter. She acknowledged her intent to be a responsive mother while she also seemed to accept the difficult circumstances of her family's homelessness and her limitations in maintaining responsiveness. Nonetheless, she acted on behalf of her children by finding opportunities for them to access educational experiences (e.g., museums, parks, camps) and mental health care.

Interestingly, the parent with the highest frequency and duration of reflection was also the parent with the highest frequency of distortions in reflections. She described a difficult relationship with her child that included aggression and confusion about how to support her child's needs. This finding relates to what was reported by Narayan and colleagues (2012) who investigated expressed emotion among parents in shelter by asking parents to talk about their child for five minutes. They found that out of 37

parents, only 27 talked about their child for at least 2.5 minutes. Parents who talked longer about their child (>2.5 minutes) had significantly more negative affect, parental internalizing symptoms, and life stress. This finding may be relevant to the observation in this study that the parents who talked more frequently or longer about their children were not necessarily more responsive parents or less distressed than parents who talked less frequently about their children. Providers who work with families, especially those who lack formal training, may be misled to think that parents who talk at length about their children are more attuned to their children or that they do not need support. This study, along with others, demonstrates the importance of attending to *what* parents say and *how it is said* when assessing for parenting needs rather than just how long parents talk about their children.

Parents with a lower frequency and rate of reflection were not necessarily less capable of being reflective; however, their reflection was less evident in their talk. It was challenging to find examples of how these parents thought about their children's experiences as they created strategies to provide care and as they made plans to find more stable housing. Additionally, the quality of the parent-child relationship was less discernable, making it difficult to understand how the parent thought or felt about the child. This low frequency in reflective talk could signify that the parent thinks less often about parenting and about their children's needs than parents with a higher frequency of reflective talk. If the parent's general talk fails to include references to their parenting or children, it could also mean that the child's needs are less likely to be known to service providers and therefore, less likely to be addressed.

Talk as Context for Self-Report Measures

I found that parents' talk about resiliency, child development and parenting, and parent-child relationships did not always align with their self-report ratings of these same factors. Parents' talk about their own parenting and about their children provided a new context within which to interpret self-report scores about family-related protective factors. In other words, the qualitative data provided background information about families that made parents' scores on the PFS more interpretable.

Differences between parents' talk and protective factor scores were most pronounced when comparing parents with high and low rates of reflective talk. For instance, the parent with the lowest reflective talk, Hope, who described disrupted family relationships and multiple instances of homelessness scored high on *Family Functioning/Resiliency*. Likewise, Hope offered little insight into her parent-child relationship and described uncertainty in parenting decisions, but she rated high on *Nurturing and Attachment*. This misalignment could mean that Hope did not have a model of healthy relationships with which to reflect on, or that she perceived her parenting as healthy even when there were serious underlying problems such as child separation and involvement with Child Protective Services (CPS). Perhaps this family's protective factors were improved from what they would have been prior to CPS involvement, but in this context, it is unclear what her scores on the PFS mean in relation to her talk about parenting.

Conversely, the parent with the highest rate of appropriate reflection, Mary, scored midway across protective factors. Her PFS scores suggested that she perceived the need for assistance in family relationships and in problem-solving even while she articulated her ability to be a responsive and competent mother in her talk. On the

surface, Mary's talk may seem mismatched with her PFS scores and yet, she made her intentions to seek help evident in her talk. Taking a reflective stance in parenting often means 'taking the good with the bad' or understanding that it is not always possible to know what to do as a parent or how to fully understand what a child is thinking or feeling (e.g., Fonagy & Target, 1997). To be reflective, a parent must attune to the child and to their own internal experiences, which could include confusion and some degree of uncertainty (e.g., Luyten et al., 2017a). In this case, Mary acknowledged a full range of emotions and thoughts around parenting rather than restricting her thoughts to only those that were positive or negative, perhaps making her reflections more mature and making her "neutral" responses to PFS items more understandable.

Finally, the mother with high reflection and distortions in reflection, Judy, rated herself high across protective factors. Her talk about parenting and children did not fit with her responses to items about family resiliency and parent-child relationships. There were specific contradictions between Judy's descriptions of her child and her parenting, and her ratings on PFS items. For instance, she reported that she "Always" knows how to comfort her child while in her talk Judy stated that she was not able to comfort her child when he screamed at night or when he escaped from his room and from the building. As with Hope, Judy may have a poor mental model of parent-child relationships and fail to see that her child's aggression or escape behavior could mean that he was in distress. If Judy's intervention plan was built around her PFS scores, it may have missed her child's need for developmental and mental health support and for Judy's need to receive parenting intervention. Given that homelessness confers the most risk for very young

children (Perlman & Fantuzzo, 2010), this missed opportunity is significant for both Judy and her child.

Implications for Practice: Missed Opportunities

Researchers and providers who work with family homelessness have called urgently for more attention to the psychosocial problems that accompany homelessness in addition to addressing material deprivation and basic needs. Findings from this study support that call in that parents described the importance of family relationships and of supporting children through homelessness even as they talked about finding housing and employment. Importantly, some of the families who lived in single-dwelling households prior to the shelter stay listed problematic family relationships as a cause of their homelessness.

The Bassuk Center on Homeless and Vulnerable Children and Youth lists eight “essential components” of service delivery to address and end homelessness among families with young children. Five of these are specific to parenting and children’s health and wellbeing including: 1) assessing parents and young children; 2) identifying depression among mothers; 3) preserving families; 4) supporting positive parenting; and 5) attending to children’s development and mental health (Bassuk et al., 2015). To realize these components, researchers advocate for trauma-informed, strengths-based, targeted assessment of all individuals within families who experience homelessness, including children, rather than focusing solely on adults. Moreover, they call for assessments of adults to include parenting and parental capacity to recognize and prioritize the parenting role, and for children’s assessments to include development, education, and health (Bassuk et al., 2015).

Missed Opportunities to Assess Families and Children's Unique Needs

How parents think about their parenting and children is an important part of how they provide care. This study demonstrated that providers should ask parents questions about their parenting and about their children when they come to shelter. These questions should complement existing standard assessments that are already part of the intake process such as the Service Prioritization Decision Assistance Tool for Families (F-SPDAT) or the developmental and behavioral screeners that are suggested by the Department of Health and Human Services Toolkit: *Birth to 5: Watch Me Thrive!* (DHHS, DoE, 2014). These measures are important in creating more consistent assessment practice across providers, but they do not provide enough information about the unique needs and strengths of individual families. Thus, approaching parents about their parenting and children is a critical step in crafting more valuable and effective assessments and treatment plans.

Missed Opportunities to Support Parents

Families benefit from more holistic assessments during homelessness that include parenting capacity, child development, and mental health (Bassuk et al., 2020). None of the parents in this study were asked about their parenting or children when they arrived at the shelter or when they met with case managers to create a plan for housing. One parent reported that the shelter staff, *"they assess us as adults...but they need to look at the kids too, and kind of assess them and be like, 'Ok, this kid needs more help because of this' or, you know?"* Parents learned about educational and support services for children and parenting through their own investigations or through relationships with family and friends inside and outside of the shelter rather from the shelter staff. For instance, one

mother enrolled her child in Head Start after she noticed another child receiving services. In some cases, parents sought assistance from professionals but were still left without answers such as when a mother asked her home visiting nurse how to manage her daughter's physical aggression. Instead of making a referral for assessment and treatment, the nurse offered no suggestions, leaving the parent without a resolution and the child without relief. These parents, who desired help, did not go to shelter staff about their concerns and reported that they were rarely informed of services that could help them with parenting by staff in the shelter.

I found several instances in parents' talk that conveyed missed opportunities to improve the quality of parent-child relationships and to offer early intervention to children who could be developmentally delayed or dealing with significant loss and trauma. Asking parents questions about their parenting and children during the intake assessment could preclude these missed opportunities. Failing to ask even basic questions about parent and child health, education, and development rendered parents without information about how to provide care and created more stress as they navigated resources on their own or with newly constructed social networks within the shelter. Critically, essential services and interventions for children (e.g., Head Start) and for parents (e.g., mental health therapy, Health Families America) that are known to promote healthy development, improve parenting, and build resilience were left unused. Without these supports, some parents noted that their role as parents delayed their progress toward self-sufficiency as they struggled to find care for children while they also attended meetings, searched for employment, and completed paperwork.

Missed Opportunities to Support Children

Numerous research studies across the last three decades have demonstrated the perils of homelessness for children and still, there is very little attention paid to their wellbeing in shelters and other programs for families who are homeless (DeCandia et al., 2017). Findings from this study demonstrate how children who experience homelessness become invisible to providers in the field. Parents spent considerable time, thought, and emotional and physical capital toward parenting and children whereas providers focused on housing in some cases, even less. When children are not directly assessed or when parents are not asked about their children, children's needs and the opportunities that are already available to them in the community remained under- or unused, potentially limiting children's resilience.

DeCandia and colleagues (2017) outline areas for providers to address in assessment of families in homelessness; they include specifying needs around parenting such as mental health and parental capacity and needs around children such as health, education, and development. Yet, in a study of providers across the United States, DeCandia found that assessments for families who are homelessness rarely addressed parenting or children. In fact, in a sample of 55 providers who work with families experiencing homelessness, 82% failed to ask any questions about child development or parent functioning. This gap in assessment practices is startling given that families who are homeless are at the extreme end of a risk continuum and have likely experienced multiple traumatic and adverse events prior to becoming homeless (Masten et al., 1993; Masten, 2011). For young children, missed opportunities for early intervention are dire as early childhood represents a sensitive period in development where adversities increase

lifetime risks for physical and psychological problems (Mersky et al., 2014; Shonkoff et al., 2012).

Opportunities to Capitalize on Strengths

Many of the parents demonstrated their ability to reflect as parents and their desire to be responsive to children's physical and emotional needs. Children with more responsive caregivers who anticipate their needs and attempt to understand their internal experience and mental states may offer their children more protection from the distress that comes with unstable living and often, loss. Research shows that parents who provide positive, responsive care protect children from the risks to children's healthy development that homelessness entails (e.g., Labella et al., 2019). Interventions such as Early Risers that support effective parenting during and after family homelessness have demonstrated significant effects on positive parenting and on children's externalizing behavior, particularly among parents who have more depressive symptoms (Gewirtz, 2007; Holtrop et al., 2015). Such findings are encouraging and suggest that parents and children who need support could benefit from targeted interventions.

Several parents in this study shared their willingness and strong desire to find services to improve their parenting and to help them understand their children. Even so, these parents were left without choices about where to go for professional help and instead, relied on each other to make decisions about parenting and to find informal support. Parents' openness to change and to working with providers is a remarkable strength that was missed when staff members neglected to ask parents about these family issues. Organizational prioritization toward material resources rendered family-related resources out of the assessment process.

Limitations of the Research

Findings from this study have importance for future research and practice in the field, yet they are limited in their generalizability to other settings. Parents in other areas of the country or even in rural areas of the same geographic region may have different experiences of homelessness or different ways of thinking about their family relationships. The cultural, political, and economic climates in the broader community could impact the ways that shelters operate and the extent to which families have access to formal and informal support systems. In other words, some communities and organizations have adopted more holistic views around homelessness and set more aggressive agendas to end family homelessness that include offering wraparound services for parents and children (Bassuk et al., 2020).

Another important limitation of this research is missing data. One parent's interview data was lost; field notes about her suggest that she was in a particularly precarious situation. In addition to describing extreme stress due to multiple shelter stays and a problematic intimate relationship, she was unable to access federal housing vouchers due to her status as a felon. This parent reported that she used multiple mental health medications, had frequently moved towns and shelters with her one-year-old child, and was not sure where she was going to live next. She was anxious during her interview, watching out of the window for her partner and sharing that she was worried about ending her relationship with him. She concluded her interview early when he arrived. Her information would have likely added a new perspective about how parents with multiple social and emotional challenges parent an infant in shelter.

This analysis was based on an existing data set that was collected as part of a case study about how families access resources when they live in an emergency homeless shelter. Thus, parents were not directly asked about their parenting or about their children's development or wellbeing unless they brought up those topics spontaneously. Consequently, some parents may have talked more frequently or longer about their parenting or children had the interview been designed to elicit information about those topics.

Finally, each of the 839 stretches of talk that were analyzed during the first and second phases of this study was coded by two coders. However, only one coder analyzed the themes in each category. The study would be strengthened if a portion of the themes were coded by another person to assess reliability and to ensure that the themes made sense given the talk that was included in each theme.

Directions for Future Research

Parents' talk was a valuable way to gain insights into parents' thinking and to better understand why some parents engaged in particular behaviors. For example, Elizabeth brought her child to the shelter to stay with relatives even before her own family lost their apartment. Without understanding her reason for doing that or how she understood her daughter's experiences and personality, her behavior may seem counterintuitive in that shelter is a chaotic place that parents generally try to avoid. Here, however, Elizabeth used her knowledge and understanding of Livvy; she thought about how Livvy would react to the shelter without knowing anything about it. Elizabeth's behavior is understandable and even clever considering her understanding of Livvy. By taking the time to hear Elizabeth's perspective, it is easy to recognize the value of her

parenting choices. Introducing Livvy to the shelter slowly may have reduced Livvy's stress or sense of loss when her family became homelessness rather than increasing it.

I did not directly measure parental reflective functioning, parenting behavior, or children's outcomes in this study. Future researchers should consider integrating direct assessments of these factors in studying parenting during homelessness. Responsive, positive, and effective parenting is known to mitigate the stress of homelessness and to increase children's chances of resiliency during or after periods of family homelessness (Herbers et al., 2020; Zhang et al., 2020). It may be that PRF relates to the types of parenting that boost children's resilience and acts as a mediating or a moderating variable in the relationship between parenting quality and children's outcomes during or after periods of homelessness. Further, PRF may have a moderating effect with respect to the stress of homelessness and young children's development. Parents with more mature PRF may be capable of fostering their children's development even when there is high stress in the environment. This study provided information to begin thinking about how to study PRF in homelessness with larger studies and with reliable measures of PRF and other parenting, parent-child constructs.

Finally, in addition to studying the role of PRF as a protective factor for children who experience sheltered family homelessness, it would be productive to investigate how parents' talk about children relates to their PRF. Specifically, future research could include an adaptation of the Five Minute Speech Sample (Sher-Censor, 2015) to ask parents how they think their child is experiencing homelessness when they enter shelter or live in another setting during episodes of homelessness. It would be interesting to understand how their perception of their child's internal experience of homelessness

relates to their PRF or to other aspects of parenting such as their perception of their relationship with their child. Conducting such research could add to the literature about assessing parents and families who are homeless and further our understanding of protective factors for children during homelessness.

Conclusion

There is no time to waste in identifying parents who need targeted parenting support and accessing services for young children who live in homelessness. Understanding more about parenting reflections among parents in shelter could be a step toward meeting those goals. Importantly, not all parents who are homeless need formal parenting interventions. Integrating PRF into assessment protocol in shelters could be a useful way to screen for parenting capacity and to identify which parents need referral for additional professional assessment and treatment.

Many parents seemed to understand that children needed developmentally appropriate care while they lived in shelter. Several conveyed their wishes for more child-focused services and child-focused spaces within the shelter. Eight of the parents wished for an in-house licensed daycare where they could feel safe leaving their children while they worked to secure housing and establish employment or education. Without childcare, parents suggested that they were ‘stuck’, unable to find time to plan for their families while simultaneously providing direct care. Further, five parents articulated their concerns for their child’s development and mental health but had little information about where to seek services. Indeed, several parents asked me to help them locate services during the study. This demonstrates that dire need for more attention toward parenting

and children among organizations that provide shelter and work with families on the edge of homelessness.

Preventing homelessness for children and for families is of paramount importance. Homelessness confers significant risks to children's development, academic achievement, and wellbeing, and creates a stressful and uncertain situation for parents (e.g., Anthony et al., 2018; Barnes et al., 2018; Mayberry et al., 2014). For young children, the risks associated with homelessness are urgent as experiences of homelessness and life adversities during infancy and early childhood can increase risks for poor outcomes throughout development (Feldman, 2020; Perlman & Fantuzzo, 2010; Shonkoff et al., 2012). Thus, when homelessness is not preventable, implementing trauma-informed and child and family-centered care is critical to mitigate harms and to improve parent and child outcomes.

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Appendix A

Interview Protocol: Adult Guests

We are meeting today because I am interested in your family and your family's experiences with this shelter. During our time together, I will ask you questions about four different but related topics. First, I will ask about your family- who is in your family and if/how your family has changed over time. Second, I will ask about your family's experiences before you entered this shelter- for example, where you lived immediately before shelter. Next, I will ask what it was like for you and your child(ren) when you arrived here. Finally, we will talk about community resources- if you use them or know about them.

I. Overview of family composition

- A. Who is in your family?
- B. Do you have immediate family members who do not live with you?

II. Life before shelter

- A. Where have you lived?
- B. Where did you live before shelter?

III. Entering shelter

- C. Can you tell me about entering this shelter?
- D. When did you come?
- E. Who brought you?
- F. What did you see?
- G. Who greeted you?
- H. Who greeted your children?

- I. Where did you sleep the first night you stayed?

IV. Community Resources

- A. What are community resources?
- B. What community resources are available to your children?
- C. Do you/your child(ren) use any community resources?
- D. Do you know of any community resources you do not use?
- E. Are there programs you wish you could use?
- F. How did you find out about community resources?
- G. Does your case manager provide you information on community resources?

Appendix B

Code Book that Includes Categories and Sub-Codes, Definitions, and Exemplars

Category and Sub-Codes		Definition	Exemplar
Shelter activities			
	a. Intake	References to the intake process including the assessments used during intake.	When we entered and he took me into the office and he talked to me and he was. Well. He just asked my name and asked for an ID and that's about it. And then he took me to the lounge and gave me mats.
	b. Rules/practices	References to rules or practices within the shelter whether formal or unstated. Including rules around fathers and uncertainty around rules.	...and he [father] can only be over here for, they say, like 11 until 2. And then, like 4:50 until 7. That's the only time he can be with his kids unless we leave the shelter.
	c. Routines/expectations	Comments about what is expected of parents in the shelter whether it is a rule or not as well as comments about shelter routines (i.e., mealtimes).	... they have like a uh, um. A schedule sheet that says what day what time that if you want to see them [case manager] and whatever time work for you, then you can put your name down to meet with them... Ya, I have to sign up to meet with my caseworker.
	d. Experiences with staff		
	i. Management tasks	References to how staff manage their duties (e.g., make decisions, enforce rules).	... they put us all in a room. And I thought that that was very, you know, personable. You know, they could have put mom in the single ladies' hallway or you know,

		separated us. But you know, they didn't.
	ii. Relationships	References to a staff member by name, and/or to relationships with staff.
		I was doing my part and trying to better my life, that's why they were so helpful. You know, it wasn't just Tim, it was pretty much the whole staff, you know.
Parenting		
	a. Instrumental Care	Talk about providing direct care to children, and/or meeting children's basic needs (e.g., feeding, sleeping, bathing).
		There's two showers. Um, but I don't give her a shower because they are too small for us to both be in there...there's a bathroom upstairs that I get permission to use every other night.
	b. Child mental and behavioral health	Worry about the wellbeing of children, including their physical and emotional health.
		I don't understand why she only hits me and not daddy and not grandma. Because I'm not the only person. You know. Who takes care of her.
	c. Safety	Statements about the safety of children within the shelter or outside of the shelter.
		Ben wouldn't listen. You know, he kept running outside to play at night even though it was starting to get cold. And it was like, dude you can't be doin' that!
	d. Parenting reflections	References to parents' thinking or feeling about their parenting or about their children including how parents imagine children think and feel.
		I just had the girls in the stroller. But they were getting fussy because they don't like being in the stroller. So it was kind of hard filling out the paperwork because they wanted to

		get out... I just had to find ways to keep them calm.
	e. Parenting strategies	<p>Explanations of parenting strategies and making plans to care for family members.</p> <p>I try to time it out so I know how long it will take me. I leave an hour early. I think all together. It will take me hour plus another to get the girls to daycare and then come back to shelter to start my work. Um I catch the very next bus that goes right inbound after I drop them off. So there's two busses that go. One of them is going while the other is coming back around. So I try to catch the same bus that is going inbound after I get off on the outbound bus.</p>
<hr/>		
Shelter living	a. Physical environment	<p>Descriptions of the physical space within the shelter (e.g., number of beds, furniture arrangements).</p> <p>[There are] two sets of bunk beds and a single bed. I have one of the bunk beds pushed up against the single bed. And that's where me and Ava sleep cuz she likes to escape sometimes... On our door, the deadbolt doesn't lock and even if it did, once you pull that handle down, it releases anyways.</p>
	b. Relationships with other mothers	
	i. Alliances	<p>Any reference to the ways in which mothers work together within the shelter and/or references to mothers thinking about other mothers.</p> <p>I mean everybody is really nice here. I've had a lot of help. I've had a lot of moms that have been through something you know. And we've all</p>

		communicated and talked about stuff. Shared our experiences.
ii. Conflicts	References to conflicts with other mothers in the shelter.	It is and it's ugly to say that. How I say. Like some people don't befriend other ones because someone just might say something and I'm trying to say there's some people who are in emergency shelter. Guess what? They might just say something. Cuz guess what? Then if you leave then there gets a room that gets open. You know what I mean. So it's kind of. It's like eat. Kind of like food chain.
c. Shared space	Statements about living with other people in the shelter.	Most of the time, people just steal your stuff out of there [refrigerator]. So, [laughing] even people who don't have WIC. I'm like, 'How can you even get in the fridge?' Like it doesn't make sense. Cuz they lock it.
d. Positive remarks about shelter	Statements about the shelter that are positive.	Here. Like. It's a place for everybody. They don't discriminate. But you know. Anybody can come here to get help.
e. Adjustment or feelings of coping	References to adjusting to life in the shelter (e.g., emotions about becoming homelessness or change in routines).	Ya. Now they're [kids] are used it. Now they know. You go here- you sit. But that first night it was like. They didn't really want to be here. And then, for a couple nights, they were like, 'are we going back, are we

going back?’... And now they’re like, ‘We’re going home?’ And they think its home.

Resources

a. How to get resources

- | | | |
|----------------------------|---|---|
| i. Friends in shelter | Learning about a resource from a non-staff person within the shelter. | Shelly, she stays here right now, too. And she was taking her girls there [daycare]. And she’s actually the one who told me that I could get Title XX even though I don’t have a job. |
| ii. Friends out of shelter | A non-family member or non-professional outside of shelter. | Uh, a friend of mine from Scott Town- she moved here and she told me. She’s like, ‘Why aren’t you going to the Y?’ I was like, ‘I can’t afford it.’ She’s like, ‘No, they have the financial [assistance].’ |
| iii. Family | A family member outside of or living within shelter. | My nephew, he went to the one [daycare] in Omaha. And that’s when I put Tony in there. And then, we came here. That’s the first one I called. |
| iv. Shelter staff | Employee of the shelter. | And then, they’re [shelter staff] the ones that gave me the application for the housing. |

v. Community	Non-friend, non-family member in the community/ outside of shelter	They [a domestic violence resource center] called here, and they got us in and we had to stay in the emergency shelter.
vi. Self	Mothers get resource without assistance.	I actually called the school to start him there. Cuz I called. I didn't know which school he was supposed to go to. So I called one and they're like, 'This one is your district.' I was like, 'Ok.' So I called them. And I registered him.
b. Names of resources	Resources that mothers name that are outside of the shelter. *Count resource once per case.	I had a children's museum pass.
c. Technology	References to smartphones, apps, or other technology.	I go on Google Maps and look up what bus by putting in what location I need to go to and it tells me the busses and what times. And everything and so that's kind of just like my bus schedule.
d. Resources within the shelter	Resources and services provided by the shelter or within the shelter. (e.g., daycare, work program).	There's a playground. It wasn't cold outside. So. Take them out there on the playground.
e. Missed opportunities	Missed opportunities to provide families support, intervention, referrals, or resources.	[Did anybody give you any kind of resources to help you when you first came?] No.

Wishes for the shelter

a. Childcare	Care for young children within the shelter.	I wish there was a Title XX daycare here... Something that is federally funded so that moms don't have to take three busses to get their babies to daycare. Just. To be able to get to work. It would make things a whole lot less stressful. Because it is very stressful here.
b. Mental health care	Therapists, social workers- within the shelter or referrals to outside of the shelter.	It'd be nice if they would have like um. Someone that you could come talk to. It would be nice. Like a therapy session. Or when you feel to be very stressed. To talk to someone.
c. Basic needs	Materials or money for basic needs.	Gas money to get through the week. Make sure that they had enough stuff that they needed. And new shoes. For them [children].
d. Resources for people with disabilities	Services designed to accommodate those with physical and/or mental disabilities.	I feel like they should have more resources for kids with disabilities.
e. Areas for family cooking	Spaces where families/parents can cook and eat together.	It'd be nice like if they had like a little thing where you can keep things like beef raviolis or noodles. Like then you can just go down and cook but you really can't.
f. Interpreter services	Interpretive services (including American Sign Language) within the shelter.	I wish they could expand it or have better interpreters. You get some women in there that don't even speak

		English and um, they don't help out with their chores or anything. Like, I think they understand to like a point. Or you know, you have a deaf woman there you know and it's hard to communicate with her. And I know that some staff had a hard time, too. So better interpreters.
g. Employment training	Employment training services provide within the shelter, or referrals to services outside of the shelter.	I wish we had something sort of ...like a work study program. I think if we brought in the opportunities a little bit. It might help us be a little more successful.
h. Spaces for families and fathers	Space within the shelter (or directly outside) for families to spend time together.	I just feel like. A separate area. You know like. There's this room, whatever, to like, you know, a place where, you know, the fathers can spend time with their children.
i. Improved case management	Improvement in the quality and organization of the case management services in the shelter.	They could speed up the process. On like the first day you come. They are like, so busy. But then, I'm waiting on the intake. Sometimes they tell you come back. They won't like help you right away. They are so busy.
j. Expanded and improved shelter space	A bigger shelter or expanded spaces within the shelter. Improved cleanliness of shelter space.	This place is obviously old. So food or no food in your room, you're still gunna see mice.

- | | | |
|--------------------------|--|--|
| k. Affordable housing | Increased affordable housing. | I feel like [this state] needs more housing situations too. Cuz they shut down so much. Not even housing. Just base income apartments. |
| l. Services for children | Services that help children cope with homeless or with school. | They should have like homework. Like you know. Like educational groups |

Reasons for coming to shelter

- | | | |
|----------------------------|---|--|
| a. Professional assistance | Seeking shelter to find professional help or to gain access to services. | Yes. I'm like. You know what. Im just gunna head out and find something else. This place will help me find a different place that's more safe. |
| b. Domestic violence | References to violence or abuse with an intimate partner or within a family. | Yep. I called them [domestic violence shelter]. And I got on the wait list right away but I had to come here cuz I had nowhere else to go. |
| c. Intra-family conflict | Talk about problems or conflict within a family system that related to becoming homeless. | My mom just like yelled at us and told us to get out. Get our stuff and get out. |
| d. Social support | Seeking shelter due to lack of formal or informal social support. | I had stayed in my office you know, cuz we have a bathroom there. A shower, you know. And. But I was by myself. I didn't talk to anybody. Didn't tell nobody my situation. Nobody knew it and I started to get really in my head depressed you |

		know. Cuz nobody, you know, I had nobody to talk to.
e. Safety	Moving to shelter to find safety or references to unsafe living conditions prior to shelter.	To find a safe place for my kids to stay. And to get help from the housing because somebody told me that if I stay here.
f. Unemployment or underemployment	References to job loss, underemployment, or ongoing financial instability with respect to becoming homeless.	Um. Well. After the holidays, my hours got cut from work and then um. My fiancé got laid off.
g. Acute illness	Describing an acute illness as a direct cause of homelessness.	I got Type I Diabetes... I've had about 50 hospital stays in the last year. And my boyfriend was caring for my kids at the time cuz we didn't have daycare because I was making too much. And then. I lost my job because I was in the hospital for about a week and half and. Then we lost our place cuz I couldn't find another job fast enough.
h. Eviction	References to home eviction prior to moving to the shelter.	We ended up getting an eviction notice because we were having trouble paying the rent and we didn't know what resources to use at that time for the rent. So. Um. We ended up losing the apartment and we had nowhere else to go.

	i. Child protection	Involvement with Child Protective Services related to becoming homeless.	A police officer came in and he said because he had seen um. One. It was one cockroach. That it was due to be. What is it? Child neglect. He gave me child neglect.
Poverty			
	a. Chronic poverty	References to chronic poverty or generational poverty.	And I have my step-mom here and she's currently here right now.
	b. Systemic poverty	Descriptions of poverty that relate to macro issues such as policy or local regulations.	Daycare's really hard because when we're both working, we make way too much. When one of us is working, sometimes we make too much, sometimes we're just barely get by.
Fathers			
	a. Involved and in shelter	References to how fathers are involved with the child's life in the shelter.	In order for someone to watch your kids you have to sign a contract, even if it is your significant other which I think is really stupid. It's your husband, why should you have to sign a contract with them to watch your own kid.
	b. Involved and out of shelter	How fathers are involved with the child's life when the father lives outside of the shelter.	He was Mr. Mommy. He would stay home with the kids. I worked. Which. I liked it that way. But. So it's different not having him here.
	c. Involved and incarcerated	References to fathers who are incarcerated.	He's. He's in jail right now, but we do visit him often.

d. Not involved and in shelter	References to fathers who are not involved but who live in the shelter.	N/A
e. Not involved and out of shelter	Talk about fathers who are not involved with the child and live outside of the shelter.	He lives back in [another state]. Where I moved from before I came here.
f. Not involved and incarcerated	Comments about fathers who are not involved and who are incarcerated.	And he is not part of Lilak's family. I am married though. He is incarcerated.
d. Relationship with family	Talk about how fathers interact with the family.	He doesn't stay here. He can't. We actually have to be off the premises. So he comes and. You know. They tell us that he's here. Then we actually just walk to McDonalds and go sit and visit for a little while.

Note. All names are pseudonyms.